BOROUGH AND COUNTY OF TOWN OF POOLE.

ANNUAL REPORT

FOR THE YEAR 1914

ON THE

HEALTH AND SANITARY CIRCUMSTANCES

OF

THE BOROUGH AND PORT OF POOLE

TOGETHER WITH

A REPORT ON THE HEALTH OF ELEMENTARY SCHOOL CHILDREN IN THE BOROUGH

BY

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LOND., CAMB.

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ROYAL COLLEGE OF SURGEONS
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Staff of Public Health Department.

Medical Officer of Health	A. T. Nankivell, M.D., D.P.H.
Inspector of Nuisances	R. Smith. *
Sanitary Inspector	F. S. B. Ramsden. *
Sanitary Inspector	P. W. Wheeler. *
School Nurse	H. I. Partridge. †
Matron of Alderney Heath Hospital	Mrs. Nippard.
Disinfector	H. G. Nippard.
Clerks	C. A. Trim. ** F. B. Edwards.
Junior Clerk	H. R. Yeatman.
Laboratory Assistant	A. Bettinson.

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* Holding Certificates for Sanitary Inspectors, granted by the Royal Sanitary Institute, and Certificates for Food and Meat Inspection.

† Holding Health Visitor's and School Nurse's Certificate from the Royal Sanitary Institute, and the Certificate of the Central Midwives Board.

** At present Abroad with the Territorial Forces.

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PART I.

PUBLIC HEALTH.

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PREFACE.

To the Mayor, Aldermen and Councillors of the Borough of Poole.

Gentlemen,

In accordance with the Order of the Local Government Board, I beg to submit to you my first Annual Report on the Health and Sanitary Circumstances of the Borough.

In February, 1914, I had the honour of being appointed Medical Officer of Health, and School Medical Officer to the Borough. On taking up my duties here a considerable part of my time was occupied in the re-organisation of the work of the two departments, and I wish to place on record my appreciation of the help given to me in this direction, not only by various members of the Council, but also by the staff of my departments. As this report goes to press, I learn with great regret of the resignation of Mr. R. Smith, the senior Sanitary Inspector, who has been selected for another appointment. Mr. Smith has been of very great help to me since February.

In the preparation of this report, I owe my thanks to the Borough Surveyor, the Estates Surveyor, the Manager of the Waterworks Department, and to the School Teachers and others who have supplied me with information.

Since my appointment, the advice and assistance of the Town Clerk has been of unfailing help to me, and I wish to express here my appreciation of his kindness.

I am, Gentlemen,

Your obedient servant,

A. T. NANKIVELL.

February, 1915.

Statistical Summary for 1914.

Population	41,880.
Birth-rate	21·0 per thousand population.
Marriage-rate	13·6 ,, ,, ,,
Death-rate (corrected)	10·7 ,, ,, ,,
Infant mortality rate	77 per thousand births.
"Zymotic" death rate	1·2 per thousand population.
Rainfall during the year	42·70 inches.
Sunshine during the year	1,842 hours.

Physical Characters.

The Borough of Poole is situated in the extreme south-east corner of the County of Dorset, and is the largest town in that County. On the South the Borough faces Poole Harbour and the open sea, on the North it is bounded by the Poole Rural District, on the East by the County of Hampshire and the County Borough of Bournemouth, and on the West by one of the numerous creeks running inland from Poole Harbour.

The area of the Borough is 7,964 acres. The extreme width from East to West is about seven miles, and from North to South about four miles. In shape the Borough is irregular, the Western part especially being cut up by the rivers and creeks of Poole Harbour. The main line of the London and South Western Railway from London to Weymouth passes through the southern portion of the district near the sea.

The Western parts of the Borough, including Hamworthy, St. James's and Longfleet Parishes, are low lying. The Eastern portion, including the districts of Parkstone and Branksome, is more raised above the sea level. The highest point of land in the district, about 220 feet above Sea Level, is in the neighbourhood of Constitution Hill, from which can be seen one of the most lovely views in England. The valley of the Bourne runs from the West to the East through Branksome, and the country to the north of that valley is sparsely populated, being mainly moorland. Parkstone, which has been called the "Mentone of England," is beautifully situated among pine woods near the sea.

Historical.

Poole is an ancient Borough, and was founded in the time of the Crusades. Its records date back to the 13th Century. The district was famed for its ship-building in the reign of Richard III. Queen Elizabeth granted the Town a special Charter, conferring upon it the dignity of a County. Poole was at one time—from 1600 until the last century—noted for its smugglers. In 1720 the people of Poole petitioned the House of Commons, concerning "the great decay of their home manufactures by reason of the great quantities of goods run, and prayed the House to provide a remedy"; and Poole obtained a notoriety during these years "from the many questionable characters infesting its numerous creeks and harbour, who engaged in smuggling transactions with a daring unsurpassed on any part of the coast."

Fortunately, the inhabitants of Poole have long since undertaken the reformation of their characters, and the Borough is justly proud of having sent a large number of men since August to join the Army or Navy.

Rateable Value.

The rateable value of the Borough is very nearly £200,000, and a penny rate produces about £828.

Geology.

The geological formation of the Borough is comparatively simple. The Parish of St. James's is situated on alluvium; that of Hamworthy on valley gravel, Bagshot beds and plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome the geological statum is mainly the Bagshot beds of sand, brick-earth, pipe-clay, and lignite, with many pockets of plateau gravel. The Reading beds, lying below the above mentioned strata, separate them from the chalk, which, although it comes to the surface a few miles North of the Town, in no place outcrops within the Borough.

Climate.

The Borough of Poole enjoys an equable climate, which is especially suited to the needs of people suffering from chronic chest complaints, such as asthma and bronchitis. The climate, on account of the large body of water in Poole Harbour, is more mild in winter and more cool in summer than is that of the neighbouring Borough of Bournemouth. The pine woods of Parkstone also have a modifying influence on climatic conditions.

The rainfall during the year under review was considerably above the average, being 42·70 inches in comparison with the average for the last 20 years of 31·16 inches. Nearly a foot of rainfall was measured during the month of December. Meteorological particulars for the year are given in Table I.

Occupation and Industries.

The inhabitants of the Borough of Poole are engaged in a variety of occupations, among the chief of which are the Pottery, Tile and Timber industries. Pottery is made in Branksome, Parkstone, St. James's and Hamworthy Parishes, and the various works give employment to a large number of men. Again the building trade, which has been well occupied of late years in erecting houses, especially at Sandbanks, Parkstone and Branksome, gives work to a large number of the male population. Many of the inhabitants of St. James's Parish work as fishermen, or at loading and unloading the vessels that come into the Port of Poole. Many of the inhabitants of Branksome find work as labourers or shop assistants in the neighbouring Borough of Bournemouth.

In consequence of the European War, it was feared that there would be much unemployment in Poole. Happily this was not the case, and, except during a few days of trade disorganisation, owing to the uncertainty of the railway traffic in the early part of August, there has been practically no unemployment or destitution in the Borough—perhaps even less than in ordinary years.

Poverty and Pauperism.

Unfortunately the Medical Officer has not been able to obtain figures showing the amount of Pauperism in the district during the last few years. Such figures, if they were obtainable, would be of value in showing the amount of destitution and the effect upon this of legislation. On the first day of July, 1913, there were 1391 persons in receipt of Relief, and on January 1st, 1914, there were 1452 persons who were receiving relief from the Guardians of the Poor.

Sanitary Organisation.

The Medical Officer of Health (who is also Medical Officer to the Port of Poole, and School Medical Officer to the Borough) has three whole-time Sanitary Inspectors to assist him in his duties. In addition to this, the office staff is supplemented by two whole-time Clerks (one solely for Education purposes), and a Laboratory Assistant. At the time of writing this report, one of the office clerks is serving his Country in the Territorial Forces; so the remaining clerk, helped by an office boy, undertakes the clerical work of the Health Department.

The School Nurse performs certain of the duties of a Health Visitor, and is employed in visiting houses where cases of Diphtheria have occurred, and in swabbing contacts.

Visiting under the Notification of Births Act is undertaken by a whole-time nurse employed by the Poole School for Mothers. Mention of this School and of its work will be found later in the second part of this Report.

Two men are employed more or less continuously in helping the Inspectors in the testing of drains, and another man is engaged in superintending the emptying of cesspools.

Reference will be made later to the staff of the Borough Isolation Hospitals at Alderney Heath and at Baiter.

In February, when the present Medical Officer of Health began his work in the District, he found the Sanitary Organisation of the Borough in a state which may justly be called rather chaotic. There was a certain lack of co-ordination among the various units, and there was some neglect in "following up" Sanitary defects and offenders against the Public Health Acts. The first business of the Medical Officer was to adjust those conditions, and it may now be said that the Health Department is working harmoniously and satisfactorily.

To each Inspector a district has been assigned, and to the Medical Officer each Inspector is responsible for the proper working of his district. To Mr. Smith, the senior Inspector, a district was given, in which rather less work had to be performed than in the remaining two districts; this was done for the reason that the senior

Inspector is also the Inspector of the Port of Poole, and has in addition the work of collecting samples throughout the Borough for the purposes of the Sale of Food and Drugs Acts. In addition Mr. Smith acts as Steward to the Hospitals, and supervises the keeping of the accounts of the Health Department. The remaining two Inspectors' districts are practically equal in population and acreage.

Each Inspector reports in writing to the Medical Officer of Health once in each month, stating the work he has performed, giving details of cases which should come before the Health Committee, and indicating the result of the service of preliminary and statutory Notices or Orders. In addition to these regular monthly reports, the Inspectors also make written reports on special matters at the request of the Medical Officer. Each Inspector visits immediately all cases of Infectious Disease notified in his district, and reports on these without delay. Records are, as far as possible, kept on cards.

The Medical Officer of Health signs all preliminary and statutory Notices or Orders.

By means of the organisation shortly outlined above, the Sanitary affairs of the Borough are conducted in a business-like way, and the Medical Officer is enabled to keep in touch with all matters likely to affect the Health of the District.

Borough Laboratory.

In December, 1914, the Borough Council decided that the Medical Officer should establish a Municipal Laboratory for the purposes of examining Pathological Specimens, and of conducting Bacteriological examinations of the Borough water supply. An empty room in the Municipal Buildings was utilised for the Laboratory, which was in working order on January 1st of this year. Specimens from suspected cases of Diphtheria, Tuberculosis and Enteric Fever will be examined, and Pathological specimens sent in by doctors in the district will also be investigated. It is hoped especially that practitioners will avail themselves of the resources of this Laboratory in their diagnosis in cases of Gonorrhœa. Perhaps later the work of the Laboratory may be extended to include the examination of blood from doubtful cases of Syphilis. Such a Municipal Laboratory should be of great benefit to the local doctors, it will ensure a speedy and cheap examination of Diphtheria swabs, and it will save the Borough probably over £50 a year. For example, water samples sent to London for examination have cost the Council two or three guineas apiece, whereas in the Municipal Laboratory each can be examined at the cost of about one shilling.

In the past, pathological specimens, chiefly from cases of Diphtheria, have been sent to London for examination. 1,203 swabs, 21 specimens of Ringworm Hairs, and 6 samples of blood from cases of Enteric Fever were sent away during 1914. The disadvantages of sending these to London are (1) the expense of the examination, and (2) the delay in obtaining the results. In the Borough Laboratory a specimen received at night can be reported upon early on the following morning. A specimen sent to London at the same time would not be reported on until 24 hours later.

Seventy-six specimens have been sent by Medical Practitioners for examination in London. No doubt, owing to the greater facilities, the practitioners will in future take still further advantage of the free Bacteriological assistance provided by the Council.

Water Supply.

The Water Supply of the Borough is derived from a deep well in the Chalk at Corfe Mullen, about six miles to the North West of the Town.

The well is about 170 feet deep, and is protected from immediate surface contamination by a bed of impervious stratum, which covers the chalk in the vicinity of the well. The chalk, however, outcrops a few hundred yards away.

The water is raised to the surface and pumped into the high level reservoir by means of gas engines.

Generally, the well water is clear, sparkling and palatable. After heavy rainfall, however, the water becomes cloudy owing to the presence of suspended particles of chalk.

The well is liable to intermittent contamination, and the question of the further protection of the Town's water supply is at the present time under consideration by the Council.

Early in 1915, at the suggestion of the Medical Officer of Health, minute quantities of a hypochlorite were added constantly to the drinking water, and it can be said with confidence that the water is now absolutely free from objectionable micro-organisms.

The Council are considering schemes for more reservoir accommodation, and for the installation of a softening plant.

During the year, over 291 million gallons of water were used in the Borough, giving a daily average of nearly 800,000 gallons. The average per head per day for domestic purposes was about 17 gallons, and for trade purposes 3·8 gallons.

Drainage.

The old part of the Town of Poole, and Sterte, Longfleet, Parkstone (as far as Castle Hill and Sandecotes), Lilliput and the greater part of Canford Cliffs, is all sewered in connection with a sea outfall sewer at Poole Head. This sewer discharges at a distance of 1,800 feet from high water mark.

A small area (260 acres) in the east of the district, north of Poole Road is sewered in connection with the Bournemouth Sewers.

The remainder of the eastern part, including Branksome Park and Upper Parkstone, drains into a sewer which discharges at Branksome Chine, at a distance of 1,050 feet from high water mark.

Hamworthy is at present unsewered, but the work of laying sewers there will be begun shortly. The Borough Surveyor is preparing a scheme for sewering Sandbanks.

Separate sewers are provided for rainwater, and these discharge into the sea and harbour at various points.

During the year, 750 yards of soil sewers, and 4,250 yards of rainwater sewers were laid by the Corporation; and 266 yards of soil sewers, and 588 yards of rainwater sewers were laid by private individuals.

Out of the 109 houses built during the year under review, 87 were drained into sewers, and 22 into cesspools.

Cesspools and Pail Closets.

It is a matter for regret that relics of sanitary barbarism, such as pail closets and cesspools should be found in the Borough. Necessary as such things are in scattered rural districts, they are entirely out of place among town populations. Many roads in Branksome and Upper Parkstone and the whole district of Newtown are unsewered, and in the Borough there are 163 cesspools, and 166 pail closets which are emptied by the Corporation. Besides these numbers there are probably several leaking cesspools, which empty themselves into the soil, and many pail closets, especially around Newtown, which are emptied by their owners. During the year the Medical Officer's Department undertook the emptying of these cesspools on 1,435 occasions, and also emptied 8,632 pails, at a total cost of £349 13s. 0d.

A comprehensive scheme is needed, so that all the roads, especially in Branksome and at Newtown, can be properly sewered. This matter of sewerage is cared for by the General Purposes Committee of the Council.

Tables 2 and 3 give details of certain roads where houses are not sewered, and indicate the distribution of the cesspools in the district. During the year, 82 old houses were connected with the sewers, and a corresponding number of pails or cesspools were in consequence abolished.

Scavenging.

This is under the direction of the Health Committee, and is undertaken by the staff of the Borough Surveyor's Department.

House refuse is collected by the Corporation workmen, the collection varying from daily in the more congested parts of the old town to weekly in the more scattered areas.

The refuse collected is disposed in "Tips" at various parts of the Borough, namely at the Bourne Vale Pottery, at Baiter, and at the Ladies' Walking Field. Men are kept employed in covering the refuse with road sweepings and with excavated soil.

Very little can be said in favour of "Tips," except that waste ground can sometimes be reclaimed by depositing rubbish there. Against the tipping of refuse it must be urged, that collections of decomposing material, unless they are very well covered by earth, cause offensive smells and offer a breeding place for flies. The tipping of refuse in the Borough has, however, caused no offence even during the hot summer of 1914. Several inspections made by the Medical Officer convinced him that the refuse was suitably covered, and only one complaint was lodged, and that one apparently for sentimental reasons.

There is no doubt, however, that the ideal method of disposing of refuse is by means of a destructor, and the present method should only be regarded as a temporary expedient, except in so far as the reclamation of marsh land is concerned.

The watering and flushing of the streets is thoroughly performed throughout the Borough. Both fresh and salt water are used for the purpose.

Food.

The importance of a pure water supply is appreciated throughout the length and breadth of England; but people, unfortunately for themselves, are less particular concerning the cleanliness and purity of their foodstuffs. Food is often produced, stored and sold under conditions which can only be described as filthy, and the consumer, who encourages the dirty food seller, often suffers sickness or disease in reward for his misplaced patronage.

Regular and frequent inspection is made of food shops in the Borough, as reference to Table 4 will show. Defects are remedied as soon as they are found, and no effort is spared to ensure that the food supply of the Borough is reasonably pure and clean.

Food and Disease. Tuberculosis, Ptomaine Poisoning and Parasitic Worms can be acquired by eating meat that is diseased or contaminated. Diarrhœal Diseases, Tuberculosis, Scarlet Fever, Diphtheria and Enteric Fever are among the conditions which may be caused by drinking infected milk. Milk, meat and other foodstuffs may be contaminated through the agency of flies. The ordinary house-fly starts life as a maggot: it lives in filth, it breeds in filth, and carries filth about upon its legs and body. It is, therefore, a most common factor in food and milk contamination, especially in the summer months. It is a matter of common knowledge that both diarrhœa and flies are more frequent during summer weather, and the connection between these two is easy to understand when the habits and environment of the domestic fly are considered. Besides meat and milk, bad fish is a common cause of diarrhœal troubles, and four cases of Urticaria and Ptomaine Poisoning came to the notice of the Medical Officer during the autumn. In each case the sufferer had recently been eating mackerel.

During the year the following quantities of food materials were seized and condemned by a Justice, or relinquished by the owners to the Health Authority:—Fish 5,925 and Meat 4,986 lbs.

Further details of these condemned food-stuffs are given in Table 5.

The Fish Market. It came to the notice of the Medical Officer during the summer months, that considerable quantities of bad fish were being imported into the Borough for sale on commission at the Fish Market. It was arranged, therefore, to make special early morning inspections at the market for a few months, to discourage the dealers from importing such material. Thirty-nine surprise visits were made, and a large quantity of bad fish was surrendered by the dealers. Owing to the measures taken the importation of this fish was gradually discontinued. The fish caught locally was always found to be of the highest quality.

Ice Cream. At the beginning of the summer a special inspection was made of twenty-five premises where Ice Cream was prepared or stored. Generally, the conditions were found to be satisfactory. In three instances certain insanitary defects were discovered and remedied at these premises.

Food Poisoning. Apart from the few cases of Urticaria mentioned above, no instance of food poisoning has come to the notice of the Medical Officer.

Prosecutions. During the year two Butchers were prosecuted for selling diseased meat. Penalties of £2 and £5 were inflicted, together with costs in either case.

Sale of Food and Drugs Acts.

Satisfactory work has been done during the year in carrying out the provisions of these Acts, which have for their main object the protection of food supplies from adulteration.

The attention of the Inspector under the Acts has been chiefly devoted to taking samples from various milk vendors, since milk is an article of food, which, more than any other, is liable to be adulterated by the scientific milk seller. Milk as obtained from the cow, or, at any rate, mixed milk from a herd of cows, generally contains about 3·5 per cent. of fat. The legal standard is 3·0 per cent., and the dishonest vendor is therefore enabled to abstract about 0·5 per cent. of fat, and still sell legal milk. No doubt a large amount of such abstraction or sophistication takes place, but, so long as the milk is up to the legal standard, it is not possible in most cases to bring the offender to judgment. One hundred and forty-six formal samples were taken in 1914 and one informal sample. Details of these are given in Table 6. In addition, 42 samples of milk were tested at the office; the average amount of milk fat in these was 3·39 per cent. Three samples contained less than 3 per cent. of fat, and formal samples were taken of these later.

In six cases where legal proceedings were instituted, convictions were obtained in every case, and fines of varying amounts were inflicted.

Taking the good and adulterated milks together, it was found that the average percentage of fat was 3·47 during the year, and that the average percentage of solids not fat was 8·80. The average composition of milk samples taken in the Borough from 1910—1914 is given in Table 6a.

Slaughterhouses.

There are 12 Slaughterhouses in the Borough, and these were visited during the year by the Inspectors on 423 occasions (Table 4). Generally, the conditions found were fairly satisfactory. Any defects or uncleanliness were remedied at once. It must be understood that a certain amount of offence is necessarily associated with the work carried out in Slaughterhouses, but this has been reduced to a minimum by the frequent inspections that have been performed.

The question of a Municipal Slaughterhouse is one which might well receive attention. Only if all animals are killed at some central place, can the work of inspecting the meat be adequately performed. At present, the butchers slaughter at all sorts of times, and it is not to be expected that one of the Council's Officers can always be present to see if the meat is sound and fit for human consumption. A Municipal Slaughterhouse, however, would act as a clearing house for all meat, and both the butchers and the public would benefit by the knowledge that all meat sold in the town had been properly inspected and was of high quality.

Dairies, Cowsheds and Milk Shops.

There are 59 Dairies and Milk Shops in the Borough, and these were visited on 123 occasions during the year ; and 30 cowsheds, which were inspected 86 times. Details of these visits are given in Table 4. Generally speaking, the larger Milk Shops or Dairies are excellently kept and few defects have been found. It is otherwise with the small Milk Shops of which many exist in the Borough. Too often milk is sold from a general shop, and is kept upon the counter in company with paraffin, onions, sweets and other oddments. In one case the milk was kept in a kind of a lumber room which was dark, ill ventilated and smelt strongly of cats. In another case where Scarlet Fever was present in a general shop, the occupier promised to relinquish temporarily his milk trade : it was found, however, that he did not keep his promise. On the visit of the Medical Officer he abandoned his sale of milk, and poured his stock-in-trade down the drain. The presence of these small shops, which do a flourishing trade in retailing milk, is much to be deplored. The work of the Inspectors is largely increased, and the health of the people—especially of the children—is not benefited.

The Cowsheds in the Borough vary considerably in their standard of sanitary excellence. Some are admirable; others are imperfectly drained or improperly ventilated or deficient in cleanliness. Milk produced under such conditions can only be prejudicial to the consumer. Gradually, however, improvement is being made as the results of the Inspectors' visits.

Bakehouses.

There are 44 Bakehouses in the Borough, and during the year these were visited on eighty-eight occasions.

Minor defects, chiefly lack of cleanliness or neglect of lime-washing, were found in 14 instances, and all these faults were promptly remedied.

The lime-washing of Bakehouses, if properly carried out before and after the summer, is of value in preventing the spread of flies, since their eggs are killed by such treatment.

Nuisances.

It has been found convenient during the year to proceed respecting defective property chiefly under Nuisance Sections of various Public Health Acts, especially under that of 1875. The wording of these sections is comprehensive, and can include many of the defects found in ordinary house inspection. Defective paving in back yards and insanitary sinks and drains are matters which have been dealt with for the most part under S. 91 of the Public Health Act, 1875, and only occasionally by the appropriate sections of the Amendment Act of 1907 : although the absence of a sink in a house would be dealt with under the latter Act.

Over two thousand Nuisances (see Tables 7 and 8) were discovered during the year. These insanitary conditions were found by the Inspectors during their house-to-house inspection under the Housing Acts, during their visits to Food Shops, etc., in houses where infectious diseases had occurred, and also as the result of their investigations of complaints. In addition, the Inspectors have discovered defects at the houses of certain School Children, where the Medical Officer had reason to believe that insanitary circumstances might prevail.

Reference to Table 7 will show that the chief nuisances discovered were defective yard surfaces, drains and water closet fittings. Premises requiring repair and in need of cleansing came next in importance.

It will be noticed that no action during the year was taken in respect to domestic ash-bins. Many insanitary receptacles for domestic refuse no doubt exist in the Borough, and the practice of using an old soap box for an ash-bin is by no means uncommon. It is hoped that during 1915 a complete inspection of ash-bins will be undertaken.

It will be seen on reference to Table 8 that the majority of Nuisances were abated after verbal warning had been given. Failing such remedy, a preliminary notice was served. In most cases this had the desired effect. In only 198 instances, or in less than one-tenth of the offences, was it necessary to serve a Statutory Notice. Seven Statutory Notices were not obeyed, and legal proceedings were taken against the offenders. In six cases the magistrates made an order for the work to be done, and the offender paid the costs of the summons: in the remaining instances the magistrates inflicted a fine as well as making an Order. All Orders made by the Bench were obeyed by the delinquents.

It has become generally recognised during this year that the Notices or Orders served by the direction of the Council are documents which have to be obeyed, and not mere pieces of paper to be treated with disregard.

Infectious Diseases.

During the year 201 cases of infectious disease including Tuberculosis have been notified in the Borough; this corresponds to an attack rate of 4·8 per 1,000 persons living. Of the infective diseases, apart from Tuberculosis, 134 cases were notified, which correspond to an attack rate of 3·2 per 1,000 persons living in the Borough. Details are given in Tables 9 and 22.

Small Pox; Typhus Fever; Continued Fever. No cases of these diseases were notified during the year. With regard to Smallpox, the number of unvaccinated persons in the District is so large, and exemptions from vaccination are so easily obtained, that if

Smallpox should enter the Borough, it is likely that there will be a large number of cases.

Scarlet Fever. 51 cases of this disease were notified during the year. Information of their distribution is given in Tables 9 and 22. In all cases, one of the Sanitary Inspectors or the Medical Officer visited the house. Directions were given to minimise the spread of infection, and in the majority of instances the patients were removed to hospital. There has been no epidemic during the year. Threatened school outbreaks at S. Aldhelm's, Courthill, and Branksome Heath Schools were aborted by vigorous measures, such as the examination of contacts and the exclusion from school of suspicious cases. Disinfection of rooms, clothing, bedding, etc., was carried out after each notification.

Diphtheria. 66 cases of this disease were notified during the year. Information of their distribution is given in Tables 9 and 22. Sporadic cases occurred throughout the year, and in the autumn a small localised outbreak in connection with S. Peter's Infant School occurred in Lower Parkstone. The first case, which gave rise to the epidemic, was notified only a few hours before death. Prompt and very thorough methods were adopted to control the disease. In all 18 cases were notified, and 19 "carriers" or infectious contacts were discovered and isolated. A child can carry Diphtheria microbes in its nose or throat without being in the least ill, just as it can carry dust on its clothes or marbles in its pocket; and it is these "carrier" cases which cause an outbreak of Diphtheria to continue. The School Nurse was indefatigable in hunting out absentees from school, and in taking swabs in all cases of illness and from contacts, and it was largely owing to these measures that the outbreak did not reach to epidemic proportions. The School was not closed. School closure robs the Medical Officer of one of his best sources of information regarding the children's health; and in this case especially he owes many thanks to the School Teachers for their co-operation.

Whenever Diphtheria occurs in a neighbourhood there is a good deal of popular alarm and fuss. This is quite unnecessary; and it would be a great relief to the Public, if they would recognise that Diphtheria is nothing like so infectious or so fatal as Measles.

On account of the prevalence of Diphtheria early in November the Medical Officer of Health advised against the billeting of troops in occupied houses in Lower Parkstone. This objection was withdrawn a month later when the disease had subsided.

In all instances where a case of Diphtheria had been notified, or where a contact had been discovered, one of the Sanitary Inspectors visited the premises and undertook the necessary disinfection and the testing of drains. All cases and "carriers" were properly isolated either at home or in hospital,

Enteric Fever. 4 cases of this disease were notified during the year. Of these, on subsequent examination, 1 was proved not to be Enteric Fever. The origin of the disease in two of the cases was obscure. Oysters from Poole Harbour were credited with giving rise to Enteric Fever in the remaining instance.

Erysipelas. 7 cases were notified during the year. They call for no further comment.

Poliomyelitis (or Infantile Paralysis) and *Cerebro-Spinal Fever* were not notified to the Health Department during 1914.

Tuberculosis. 67 cases were notified. Of Tuberculosis of the Lungs 64 cases were reported, and of other forms of Tuberculosis only 3 cases. The visiting of these cases is undertaken by the County Authority; and, at the time of writing, the Medical Officer of Health for Poole has no information of the results or frequency of such visits. Early in the year the Sanitary Committee were asked to engage a second School Nurse, who could devote part of her time to Tuberculosis visiting, but they did not entertain the suggestion.

Disinfection has been carried out in many cases by the Health Authority of the Borough.

The incidence of Tuberculosis among school children is considered in the second part of this Report.

The comparatively large number of notifications of Tuberculosis in the Borough (corresponding to a rate of 1·3 per 1,000 population), is due in part to persons affected with Tuberculosis coming to the Borough in the hope that the pleasant climate will assist their recovery.

Ophthalmia Neonatorum. Five cases of this disease were notified during the year. They were visited, and the parents were urged to obtain proper treatment for the children. The disease is an inflammation of the eyes of newly born children. It is generally due to Gonorrhœa, and is a very frequent source of blindness.

Non-Notifiable Infectious Diseases.

Measles. A severe epidemic of Measles, resulting in 30 deaths, visited the Branksome and Upper Parkstone areas of the Borough during the early spring. Despite school closure, and the exclusion of children from the Infant Schools who lived in infected houses, the epidemic continued unabated, until presumably most of the susceptible children had been attacked. At the request of the Medical Officer, many of the Sunday Schools were closed, and also the various branches of the Borough of Poole School for Mothers. Owing to lack of Staff, the Health Department was unable to have the majority of the cases visited, and although the workers of the Poole School for Mothers did much in the way of house-to-house visiting, it is feared that many lives were lost, which might have been saved if prompt advice had been given to the Mothers of the sick children. Parents are unfortunately only too inclined to consider that Measles is a trivial disease. They say " Oh, it is only the Measles," and neglect the child accordingly. Familiarity breeds not only contempt, but also death. Gradually, we may hope that as the result of the work done by the Schools for Mothers, parents will be more solicitous regarding their children's health, and will come to regard Measles as a worse disease than Scarlet Fever or Diphtheria.

Whooping Cough. This disease was practically absent from the Borough during the year, and no deaths were attributed to it.

Chickenpox appeared in Oakdale School during the late Autumn. The outbreak was not severe, and did not spread to other parts of the Borough.

Mumps also broke out in the Autumn among the children attending the Boys National School and S. Paul's School. The cases were not severe, and it was not found necessary to close either of the Schools.

Impetigo is a disease which appears to be endemic in the Borough. It is an Infectious Skin Disease, which flourishes in dirty surroundings and is fostered by the lack of soap and water. Further reference to it is made in the section of this Report which deals with work in the Schools.

Gonorrhœa. This disease is not notifiable except in its form of Ophthalmia Neonatorum, to which reference has already been made. Very often cases of this very serious disease escape adequate treatment—with the result that the infection becomes chronic and a source of considerable danger both to the sufferer and others.

Syphilis. It is not possible to arrive with any degree of accuracy as to the number of cases of this disease which are present in the Borough. It is, however, practicable to determine with more certainty the number of Deaths due to this infective illness: but Death Returns in this connection are obviously not altogether reliable, and understate the incidence, since no Medical Practitioner cares to hurt the feelings of relations by certifying, as the primary cause of death, an illness which may have occurred several years ago. Analysing the death certificates for the year, however, it is found that at least 23 persons died from the immediate or remote effects of Syphilis. We may take it also that at least 50% of deaths of young children from prematurity, malnutrition and the like, and from convulsions are due to this disease. These account for at least another 14 deaths. Again it may be taken as an underestimation that 50% of all abortions and premature births are due to this cause, and since 10 stillborn children were interred in Poole Cemetery during the year, another 5 deaths at least can be ascribed to Syphilis. This gives a total of 42 deaths due to this cause, and this is certainly an underestimation since it takes no account of early abortions.

Syphilis is probably as common, though not so immediately fatal as Consumption or Cancer. Very many cases are caused through ignorance and lack of teaching, and the disease will continue to spread as long as it is enshrouded with an atmosphere of shocked mystery, and until plain and definite teaching is given to the public.

A very welcome Royal Commission is at the present time investigating the question of Venereal Diseases, and has already published an invaluable Report of Evidence. Also an influential body, under the name of the National Society for Combating Venereal Disease, has been formed, from which excellent work on a non-religious basis is anticipated.

The matter is one that should be of great interest to all who have at heart the Health of the Nation.

Borough Isolation Hospitals.

There are two Isolation Hospitals in the Borough, the one on Alderney Heath, three miles away from the Municipal Buildings, and the other on a peninsula in Poole Harbour.

Alderney Isolation Hospital is the larger of the two, and contains 28 beds It is well situated on high ground, the soil of which is chiefly composed of gravel. The Hospital consists of a brick Administrative Block, and of a brick ward for Scarlet Fever patients. Two wards of wood and corrugated iron are used for Diphtheria patients and convalescent cases. An excellent steam disinfector is housed in a permanent building, which also contains stabling and ambulance accommodation. The laundry and mortuary are also buildings of brick. The discharging block is of wood.

The Council have decided that this Hospital should be enlarged. At present the accommodation is insufficient, both for the patients and for the Nursing staff. Indeed, the nurses have to sleep in the duty rooms of the wards. The Local Government Board have sanctioned the scheme for enlargement, and it is to be hoped that the work of alteration will be completed at an early date. Bad accommodation for the Nursing Staff can only affect prejudicially the the health of both nurses and patients, especially when the Hospital is full. The laundry accommodation also is defective, the drying room is inadequate and the internal fittings are bad.

The permanent ward for Scarlet Fever cases is a good building, and the same can be said of the two galvanized iron wards. One of these latter ones is rather draughty in winter, but the walls will, before long, be lined with impervious sheeting and then that objection will no longer exist.

The Medical Officer has visited the Hospital 226 times during the year.

The staff of the Hospital consists of the Medical Officer; the Matron (Mrs. Nippard); Mr. Nippard, who drives the ambulance, works the disinfector, and looks after the grounds; two Nurses; two Ward Maids; a Cook and a Laundry Maid. The Medical

Officer would like here to express his appreciation of the work of the Staff, especially of that of the Matron.

Borough Isolation Hospital Staff.

A Nurse and Ward Maid are assigned to each of the infectious wards, and it speaks well for the care of the Staff that no cases of cross-infection have occurred during the year.

In times of stress, when the Hospital is full of patients, extra Nurses have to be obtained for night duty. Owing to the limited accommodation only one such extra Nurse can sleep on the premises.

During the collection of cases a Nurse accompanies the ambulance. She takes notes on a card of the history of the illness, and leaves behind her a paper giving instructions to the relations.

On discharge from Hospital, another paper, instructing the relations in the care of their child, is given, so that every precaution may be taken against even the possibility of home infection.

All patients are seen shortly after admission by the Medical Officer of Health, and all patients are discharged from the Hospital by him. No return cases have occurred during the year. Notes, charts and prescription cards are kept of each patient. During the year under review 36 cases of Scarlet Fever, and 74 cases of Diphtheria (no less than 29 of which were "carriers" or infectious contacts) were admitted to the Borough Hospital at Alderney. 16 of these were admitted from outside the Borough (14 Scarlet Fever and 2 Diphtheria). Other details are given in Tables 10, 11 and 12.

Since February, 3 deaths have occurred in the Hospital. Particulars of these are as follows :—

(1). A child admitted dying of Measles and Broncho-pneumonia. It lived for a few hours only after admission.

(2). A child suffering from marked Hæmorrhagic Diphtheria of about six days' duration, during which Anti-toxin had not been given. It died on the day following its admission to Hospital.

(3). A child admitted on the 6th day of illness with Diphtheria. It developed Pharyngeal and Diaphragmatic Paralysis, and died on the 42nd day of illness.

During January and February of 1914, one death took place in the Hospital from Diphtheria.

Considering that a large number of children have been admitted to the Hospital during the year, these few deaths are very satisfactory, and compare very favourably with the mortality among cases nursed at home. Out of 23 such home cases, death took place in 4 instances.

Advantages of Isolation Hospitals.

Among the advantages of an Isolation Hospital are the following:—

(1). Loss of Employment due to illness in the house is avoided.

(2). Children from the infected houses after a short interval can attend School.

(3). No doctors' bills are incurred.

(4). The patient has a better chance of recovery.

So the amount of money paid in rates towards the support of an Isolation Hospital (about one penny rate) is a very cheap, useful and practical form of insurance against the disabilities and annoyances attaching to infectious diseases (Table 13).

Treatment of Scarlet Fever.

Seeing that the Hospital case-mortality is so low, it will be of interest shortly to recount the method of treatment adopted in cases of Scarlet Fever and Diphtheria.

Cases of *Scarlet Fever* are always kept in bed for three weeks. In this way the patient is prevented from catching cold and developing subsequent ear, nose or kidney trouble. No medicinal treatment is given to mild cases, for such is of no value. Severe cases of Scarlet Fever are those in which the patient is badly poisoned by the microbe of the disease or by other microbes which settle down in the throat. These cases are treated similarly to other varieties of blood poisoning: the poison is diluted as much as much as possible by the injection of salt solution; brandy, eggs and nourishing foods are given. In the worst cases 30 c.c. or 60 c.c. of Antistreptococcal serum are injected. Only three severe cases of Scarlet Fever have occurred in Hospital and these, happily, recovered.

Treatment of Diphtheria.

Diphtheria is a much more difficult disease to treat, and needs most careful nursing. Perhaps of all medical diseases, except Enteric Fever, the nursing of Diphtheria is the most difficult. When a patient has this disease, the microbe of Diphtheria, which has settled down on the throat or in the nose, breeds and multiplies, and produces poison which is absorbed by the sufferer. This poison is very powerful: it causes degeneration of the heart muscle and of the nerves, giving rise thereby to heart failure and paralysis. Fortunately, we have in Diphtheria Anti-toxin an antidote to this poison. When a person has taken any other sort of poison, it is obvious that the larger the dose of the poison, the larger must be the dose of the antidote. So it is with Diphtheria. Mild cases with very little poisoning need only small doses of Anti-toxin, perhaps, 2,000 or 4,000 units. Other more severe cases, where the patient is badly poisoned, need very much larger doses, perhaps 50,000 or 70,000 units or even more. The first principle in the treatment of Diphtheria is to give sufficient Anti-toxin. A mild or early case of Diphtheria receives at Alderney Hospital a small but sufficient dose of Diphtheria Anti-toxin. Probably no other treatment is required, except that of insisting that the child lies flat in bed for the first three weeks of illness, so as to throw no undue strain on the heart. Severe, or late, or neglected cases of Diphtheria, however, receive much larger doses of Anti-toxin. In addition, the poison is diluted by the injection of salt solution; Adrenalin Chloride in five-drop doses is given every four hours; the bowels are carefully regulated; the diet is restricted to milk: and the throat is painted with a 1 in 500 solution of Mercury Chloride in Glycerine. When all the membrane has gone from the throat, the child is given a mixture of Strychnine and Belladonna every four hours, and gradually the salt solution is discontinued. If any signs of paralysis occur the amount of Belladonna is considerably increased, so that, if paralysis of the swallowing or breathing muscles comes on later, the child's throat and lungs will be dry, and he will not drown in his own secretions. All the above detail needs great care on the part of the Matron and Nurses; and the low mortality at the Hospital is directly attributable to their care and intelligent co-operation with the Medical Officer.

Baiter Isolation Hospital.

The Isolation Hospital at Baiter is situated in Poole Harbour, and joined to the mainland by a narrow causeway, over which the waves break when the tide is high and the winds are strong. This Hospital contains 16 beds, and is kept in readiness at any time to receive cases from the Port or cases of Smallpox. Mrs. Guy, the Matron, helps occasionally in the nursing of patients at Alderney Heath. In the past, this Hospital was used for convalescent cases of Scarlet Fever and Diphtheria, and for all cases of Enteric Fever. The fact that the discharges from Enteric cases would pass almost directly into the harbour, renders the Hospital unsuited for this type of illness.

Open-Air Treatment.

Before leaving the subject of the Borough Hospitals, it will be of interest to put on record that the Scarlet Fever and Diphtheria patients at Alderney Hospital benefited considerably by open-air treatment during the summer months. The children were put out of doors in their beds or cots and remained in the open all day until sunset. All cases during the period while open-air treatment was possible did extremely well, the length of their illnesses was reduced and complications did not occur. If verandahs were provided off the wards, this form of treatment, so useful in Fevers, would be available all the year round.

Incidentally, it is pleasant to observe how greatly children benefit in general Health by their stay at Alderney Hospital; the regular hours, good food and fresh air often convert a skinny little mortal into a well nourished and healthy looking child. The children themselves appreciate their improved surroundings, and it is not unusual for a child, who was tearful on removal to Hospital, to cry just as bitterly at the thought of going home!

Duration of Stay in Hospital. Table 12 gives details of the stay of the various classes of patients at Alderney Heath Hospital. It will be seen that the average stay of each patient was not excessive, and this was due to the comparative absence of complications. Some particulars relating to the cost of the Hospital during the year are given in Table 13.

Steam Disinfection.

The Steam Disinfector at Alderney Heath Hospital has been of great use during the year. Table 28 shows certain of the Steam Disinfections undertaken. In addition to this the disinfecting apparatus has been employed for sterilising material from the Hospital itself, and this work is not represented in the Table. Blankets, beds, pillows, toys and all the clothing of Hospital patients undergo Steam Disinfection. The absence of cross-infections and of return-cases is no doubt in part attributable to the fact that infectious articles are properly disinfected by steam.

Housing.

It has frequently been said to the Medical Officer since his appointment that the Housing Conditions in Poole are bad, and that the older parts of the town are nothing less than slums. That a certain number of old and decaying houses exists is undeniable, but their number is not excessive. Perhaps, compared with the urbanities of the new and neighbouring Borough of Bournemouth, certain of the old houses in Poole with their inimitable colouring of warm red brick may seem old fashioned and unpleasing to those who have no artistic sense, but on the whole the houses themselves are sanitary, and certainly no part of the District merits the application of the word " slum." Moreover, in order to remedy such insanitary conditions as may prevail in the District, the Council's Officers have been active in searching out and removing any evils that exist, and the Council have undertaken an extensive Scheme to deal with a crowded area under the Act of 1890.

Housing Scheme. The Council have acquired all the property of an extensive area in the old Town of Poole, on which area were standing sixty-eight old dwelling houses and certain other buildings. Already fifty-three of these houses have been demolished and the sites cleared, and plans have been prepared for developing the Estate by building thirty-seven new dwellings and making certain new roads. Eleven of these proposed new houses have already been erected. It is to be hoped that the Council will not delay in proceeding in the completion of their scheme, since, as matters stand at present, much valuable building ground is lying idle, and no money is coming in to pay the interest on the sums expended.

Need for Houses. There seems no doubt that there is a shortage of working-class houses in the District. The reluctance of the Sanitary Committee to make Closing Orders supports this statement. Nor does local building enterprise seem disposed to provide the housing accommodation that is needed, since at a recent auction, when some of the Council's improvement area was offered for the erection of working-class houses, no sale was effected. The Council did not adopt a recommendation of their Housing Committee to build houses on their own sites, and so the shortage of working-class houses seems likely to continue. The theoretical question of whether or not Municipal Trading is desirable does not appear to enter into the problem, which seems to be solely one of meeting a practical demand for more houses.

Other Work under the Housing Acts. Table 14 shows some of the work done under the Housing Acts by the Inspectors in their routine house to house visits. It must be remembered, however, that, in addition to the work shown here, very much has been done by other Inspections, of which some of the results are shown in Tables 4, 7, and 8. A very large number of the smaller houses have undergone routine inspection during the last few years, and very many nuisances and insanitary conditions have been abated as the results of visits other than routine inspections—*e.g.*, for infectious diseases or complaints. It may be said with confidence that the general sanitary standard of working class houses is satisfactory throughout the Borough, and very much better than exists in other localities with which the Medical Officer of Health is acquainted.

Closing Orders. The Sanitary Committee have not made many Closing Orders during the year. Of 14 houses represented to them as unfit for human habitation, 12 have been closed. The desire not to close houses is due in part to the knowledge of the lack of house accommodation in the District, and partly to the fact that it is not clearly appreciated that the making of a Closing Order does *not* necessarily mean demolition of the house. A Closing Order is one of the most satisfactory ways of making a landlord repair an insanitary house, and the closure of such a house is continued only until the dwelling has been made in every respect reasonably fit for human habitation.

Demolition Orders. No Demolition Orders were made during the year. It may here be pointed out that when a Closing Order has remained operative for three months and the condition of the insanitary house has not been remedied, then the Council may consider the question of demolition. Such demolition entails no financial expense on the Council. The owner of the property has to undertake the work, and this method of procedure, therefore, seems an ideal one for clearing insanitary or congested areas without cost to the ratepayers.

Institutions. Table 31 shows the Institutions in the Borough and their population at the last Census.

Classification of Buildings. An enumeration of the various kinds of Dwellings in the Borough and other buildings is given in Table 33; and in Table 34 the number of rooms in occupation by families and the size of the families is stated.

Common Lodging Houses.

Only four of these are kept in the Borough—three in Poole and one in Branksome. Eighty visits were paid to them during the year, and no serious defect was found.

It may be said that these houses are kept clean and sanitary, and afford good lodging for the class of person that frequents them. No infectious diseases were notified from these Lodging Houses during the year, nor was any complaint received regarding them.

These houses afford shelter for the casual labourer and for persons of the sea-labouring profession.

Tents and Vans.

A few nomadic dwellers in tents and vans pass through the district and remain there for various times. These people are found chiefly in the Heatherlands part of Branksome. Several complaints have been received during the year about the habits and sanitary circumstances of these wandering people, and each complaint has been carefully investigated. Persons of the travelling and Gipsy class generally give little real cause for complaint, they are cleanly in their habits and their dwelling places often contrast favourably with those of house dwellers in receipt of similar incomes. No case of infectious disease has been notified during the year among the dwellers in Vans and Tents.

Co-operation between Military and Civil Health Authorities.

Since the outbreak of war, the Health Authority of the Borough has done all in its power to aid the Military Authorities. The advice of the Medical Officer was asked regarding the billeting of troops, and he indicated in what parts of the Borough they might best be accommodated. Six hundred Royal Engineers have been in billets at Branksome since September, and no case of infectious notifiable disease has occurred among them: one case was notified as Diphtheria, but proved to be some other complaint.

Apart from co-operating with the Military Authorities in their district, the Borough Health Authority has been a great help to those troops stationed in outlying areas, both by taking infectious cases into Alderney Heath Hospital, and also by disinfecting blankets and clothing (see Tables 11 and 28). Soldiers suffering from Scarlet Fever have been admitted to the Borough Hospitals from the forces stationed at Swanage, Wareham, Bovington, Lulworth, Wimborne and West Moors.

Infectious and verminous clothing and blankets have been received from the Poole Hospital, from Lytchett Minster and from West Moors.

A small charge, to cover expenses only, is made for the disinfection of material and for the reception of cases into Hospital.

Reports to the Committee.

The Medical Officer of Health makes a monthly Report to the Sanitary Committee.

Since February, reports have been presented on the following subjects :—

1. The re-organisation of the Medical Officer's Department.
2. The need for a Health Visitor.
3. Alderney Heath Isolation Hospital.
4. Co-operation between the Military and Civil Sanitary Services.
5. Diphtheria at Parkstone.
6. A Borough Laboratory.
7. Cesspools.
8. Vital Statistics.
9. And other matters.

Month by month Statements are presented showing the work done by the Inspectors, and the prevalence of infective disease. And every month a list is drawn up showing the results of the service of Statutory Notices.

The Medical Officer of Health has also made two Reports to the Water Committee on the subject of the Borough Water Supply.

Lectures.

During the year the Medical Officer has delivered six Lectures at the branches of the Poole School for Mothers, and has addressed four audiences at the Poole and Parkstone Adult Schools. In addition, he lectured twice at the Secondary School, and twice to an audience of six hundred soldiers in Branksome. Three of the above Lectures were illustrated by Lantern Slides.

Vital Statistics.

Pages dealing with the subject of figures and statistics are often uninteresting; but it should be remembered that Vital Statistics are, as it were, milestones on the road to health, and it is only by consideration of the figures of past years that present progress can be appreciated.

If put in terms of pounds, shillings, and pence, such statistics are sometimes less tedious. The Registrar General in his 39th Annual Report has shown that the minimum value of a unit of population, irrespective of age and sex, is £150. Accepting this figure, which to-day is certainly an under estimate, and supposing that the Death-rate of the Borough in 1914 was the same as in 1892, namely 20·7, the number of deaths would have been 867. Owing to the decline in the Death-rate the number of deaths was, however, only 474. That is to say 393 lives have been saved, which would have been lost, if the conditions of the year 1892 had prevailed in 1914. This saving of lives represents in cash value about £58,000. The work of the Sanitary Committee appears therefore in a not unfavourable light, even when compared with the work of some other Committees. The above example of Vital Statistics represented financially shows the economic importance to the Borough of a decline in the death-rate.

For the reason that without Vital Statistics no record of progress is possible, attention is especially directed to this section and to the various Tables which illustrate it. For the sake of convenience to the reader, in this, as in other sections of the Report, the Tables have been collected together and appear later in the volume.

Population.

The population of the Borough has shown a marked increase during the past thirty years. Then the population was less than 13,000; now the mid-year population of the Borough in 1914 was no less than 41,880. Table 15 gives details of the increase of population during these years, and shows also other important statistical details for this period.

The marked increase of population is no doubt associated with the development of Parkstone and the District as a health resort, and to the rapid development, for the same reason, of the neighbouring Borough of Bournemouth.

Other details regarding the Population are given in Tables 29—34 inclusive.

Birth Rate.

The Birth-rate during the year 1914 was the lowest on record, being only 21·0 per 1,000 population. Of the 883 births registered, 831 were legitimate and 52 illegitimate.

The causes of the decline in the Birth-rate are mainly two :—namely, the increase of the age at which persons are married, and their wish to evade the responsibilities of parentage. Both these causes are dependent upon the common factor, that among the people there is a desire for more comfort and an increased standard of luxury. Marriage and children, because of the financial burdens with which they may be associated, are now more out of the reach of young people than formerly.

Whether or not the declining Birth-rate is a sign of civilisation and a benefit to the Country is a matter for debate. Certainly it is better for a district and a Nation to have a low Birth-rate followed by the survival of many children, than to have a high rate accompanied by excessive infant mortality. The "effective fertility", the number of children who survive the first few years of life, seems a more real test of progress than the Birth-rate considered alone. Details of the Birth-rate will be found in Tables 15, 16, and 19.

The effect that the European War may have upon the Birth-rate is of interest. A large number of young lives will be lost to the country, and the sickly and unfit will remain in more than their usual proportion. This can only affect adversely, not only the birth-rate itself, but also the physique of the next generation. The remedy seems to lie in making marriage more easy for those young men who have volunteered to fight for their country.

Marriage Rate.

The Marriage-rate for the year 1914 was also the lowest on record, being only 13·6 per 1,000 population. The rates of the last few years since the enlargement of the Borough are in given Table 16.

Death Rate.

The Death-rate for the year 1914 was 11·3 per 1,000 population, and showed a slight increase upon the figures for the two preceding years. When this figure was corrected for transferable deaths the rate became 11·5 per 1,000 population. (See Tables 15, 16, and 19.)

When corrected also for the age and sex distribution in the Borough the rate was as low as 10·7 per 1,000 population.

The Transferable Deaths for the last quarter of 1914 were not received by the time this Report went to press. Their omission can give rise to only slight inaccuracy in this year's figures, and it will be corrected in the Report for 1915.

The Death-rate taken alone is by no means a sure index of the health of a District. A town, for instance, may be very healthy; but it may contain a large number of young children or old people, in which case its death-rate will be high. A town, on the other hand, may be insanitary or full of disease; and yet have a low death-rate, if the population is largely composed of people between the ages of ten and fifty. The age and sex distribution in a district has much effect upon the death-rate; and probably, a better index of sanitary conditions is the Infant Mortality rate, to which reference will be made later.

Before leaving this subject, it may, however, be said that the Death-rate of the Borough of Poole is highly satisfactory. The age distribution of the population is not favourable to a low rate; but the Sanitary Circumstances of the Borough favour the absence of disease and death.

Rate of Natural Increase.

The rate of Natural Increase of a population, apart from emigration and immigration, is measured by the excess of the Birth-rate over the Death-rate. In Table 19 these three rates are represented in a diagrammatic manner, which shows clearly the Birth, Death, and Natural Increase Rates since the year 1884. Table 32 shows the age and sex distribution of the Borough population at the last Census.

"Zymotic" Death Rate.

The term "Zymotic" disease includes the ordinary infectious fevers and such conditions as Measles and Diarrhœa. The Zymotic Death-rate is of some value in indicating the prevalence and severity of these conditions, but is vitiated in its usefulness by the fact that it is so largely influenced by the presence or absence of Measles and Diarrhœa in a District. Generally it may be said that when Measles and Diarrhœa are prevalent the Zymotic Death-rate is high. Taken, therefore, as an index of the Sanitary condition of a Town the Zymotic Death-rate is unreliable, since Measles at least is unaffected by Sanitation. This rate for the year under review was 1·2 per 1,000 population: this fairly high rate is due to the fact that a Measles Epidemic attacked the Borough during the Spring, and caused thirty deaths.

Infantile Mortality.

Sixty-eight deaths of children under one year of age took place in the Borough during the year. This corresponds to a rate of 77 per 1,000 Births. Details of these deaths are given in Tables 17 and 18.

Mention is made later in this Report, when speaking of the Poole School for Mothers, of the subject of Infantile Mortality.

The causes of death in young infants may be ascribed firstly to influences which affect the child before birth, and secondly to those which affect it adversely during the first year of life. It will be noticed in Tables 17 and 18 that almost half the total number of deaths was attributed to pre-natal causes—the child was born tired or diseased. Pneumonia, Measles and Diarrhœa are the three conditions which chiefly affected the health of newly-born children.

The Infantile Mortality rate of last year is on the whole satisfactory—the number of deaths from Diarrhœa was comparatively few considering the dry weather, and the rate of 77 is almost the lowest on record. Improvement, however, is needed in respect to the number of deaths (twenty-eight) from pre-natal causes; and further consideration to this matter is given in the second part of this Report.

The Notification of Births Act is in force in the Borough.

Visiting in connection with this is done by Miss E. M. Fidler, the Nurse in charge of the Poole School for Mothers. During the year, 343 primary visits were made, and 1,786 re-visits to the homes of newly-born children.

Causes of Death.

An analysis of the Causes of Death classified in eight age-groups is given in Table 17.

Enteric Fever, Small-pox, Scarlet Fever, and Whooping Cough caused no deaths during the year.

Puerperal Fever was not returned as a cause of death in any case, although two deaths occurred which were associated with child-birth.

Rheumatic Fever was not given as the cause of any death. It must, however, be remembered that Rheumatic Fever very often gives rise to heart injuries, and, since a large number of deaths were due to heart disease, it may be justly supposed that several of these were due to the remote effects of Rheumatic Fever.

Measles killed thirty children during the first few months of 1914. Reference has already been made to this matter.

Diphtheria has already been discussed at length. Seven deaths were due to this disease.

Influenza was stated to have been the cause of death in three instances.

Erysipelas was certified as the cause of death in two cases.

Phthisis or Pulmonary Tuberculosis was certified as the cause of death in 38 instances. In addition to this, 7 children died of Tuberculous Meningitis, and two persons of other Tubercular diseases.

Tuberculosis or Consumption is an infectious disease and is transmitted in the following ways :—

1. From person to person directly through the inhalation of breath or particles of sputa.
2. By the inhalation of infected material, such as dried dust, which contains the microbe of the disease.
3. By means of infected meat or milk.

Tuberculosis is not inherited; but it is possible that a person may inherit a tendency towards contracting the disease. It is a matter of common knowledge that Consumption often passes through a family and attacks all the members.. This is due to the infectious nature of the illness. The father of the family, say, is consumptive: he infects his wife and children by means of the Tubercle Bacilli in his cough and discharges, and they, in their turn, develop Tuberculosis. It is obvious that persons living in the same house as the sick man have every opportunity of contracting the disease, in just the same way as they would be likely to develop Smallpox or Scarlet Fever under similar conditions.

Although Tuberculosis is notifiable, no disabilities are attached to such notification and the sufferer cannot be isolated compulsorily, however infectious he may be. Early cases of Consumption are only slightly infectious; late cases are often extremely dangerous to those with whom they have association, and it seems eminently desirable to isolate such cases to prevent them from doing damage to their relations and friends.

The question of Tuberculosis and pre-tubercular conditions among children is considered fully in the Report on the Health of School children.

The main factors in the Prevention of Consumption may shortly be classed as follows:—

1. Notification, and all that it entails, namely, visiting, adequate treatment and advice.
2. The training of the Tuberculous person, so that he may be of as little danger as possible to his associates.
3. The isolation of advanced cases.
4. The supervision of contacts.
5. Improvement in the housing of the working classes, so as to secure adequate light and ventilation, and to abolish overcrowding.
6. The improvement of the general health of the younger generation, so that they will become less susceptible to infection.
7. The provision of bacteriological assistance, so as to enable the General Practitioner to diagnose early cases of the diseases.

The Death-rate from Pulmonary Tuberculosis corresponded to 9·0 per 10,000 persons living during 1914 (Table 21).

Cancer caused 43 deaths, or five more than Tuberculosis, during the year under review. Details of the Cancer Mortality since 1900 are given in Table 21, and the age distribution of the cases is found in Table 17.

The number of Deaths from Cancer and the rate of Mortality from this disease is on the increase in England and Wales. The cause of this increase is due in part, no doubt, to the better training of General Practitioners, who now diagnose as Cancer such cases as formerly they would have classed under some other and indefinite heading. Another cause for the increase of the disease of late years is to be found in the altered age-constitution of the population; with a declining Birth-rate and a falling Death-rate, the proportion of middle aged and old people in the population is increasing: and, since Cancer is especially a disease of the old and middle aged, it is not surprising that, with an increase in these numbers, there should also be an increase in the amount of Cancer.

Meningitis (not Tubercular) was assigned as the cause of death in four instances.

Organic Heart Disease caused no fewer than 50 deaths during the year. It has already been said that much heart disease is the sequel to Acute Rheumatism. The remainder is probably due to such conditions as Bright's Disease, Arterio-sclerosis, degeneration of the heart muscle and other causes.

Bronchitis is a Disease which proves fatal at the two extremes of life. Young children and old people are most liable to death from this cause, as reference to Table 17 will show. The total number of deaths during the year due to Bronchitis was 25.

Pneumonia was returned as the cause of death in thirty-four instances, and five other deaths were due to other respiratory diseases. It will be seen from Tables 17 and 18, that 12 deaths of children under one year of age were attributed to Pneumonia. Possibly some of these children had suffered from an attack of Measles, to which Pneumonia is so often a sequel.

Diarrhœa and Enteritis caused 12 deaths, of which 7 were of children under one year of age.

Appendicitis caused four deaths.

Cirrhosis of the Liver and Alcoholism together gave rise to 7 deaths. It must not be supposed that these seven deaths represent all those caused directly and indirectly from the abuse of Alcohol. Such a condition as Arterio-sclerosis, and all ills to which this condition of prematurely thickened arteries leads, is often the result of alcoholism. Very often the Practitioner in charge of the case states on the death certificate some terminal condition, such as Bright's Disease or Apoplexy, as the cause of death, rather than stating the condition which gave rise to these sequelae.

Nephritis and Bright's Disease caused 11 deaths during 1914.

Congenital Debility and Premature Birth gave rise to 28 deaths in children under one year of age. Reference has already been made to this question. Details of these deaths are given in Table 18.

Violence caused 17 deaths, of which 2 were due to Suicide.

Other Defined Diseases accounted for 131 deaths, of which the majority were of old people, and were due to Cerebral Hæmorrhage, Senile Decay and Old Age.

Twelve deaths were certified in vague phraseology, as that it was not possible accurately to classify them.

Death Certification.

At the present time the Doctor, who attends a patient in his last illness, gives to the relatives a certificate stating the cause of death. This certificate is taken to the Registrar, who sends a copy to the Medical Officer of Health. The Doctor is not required to certify the *fact* of death.

Such an arrangement is very often unsatisfactory, The Practitioner, justly desirous of giving no pain to the relatives of the dead man or woman, may not state the primary cause of death, such as Syphilis or Alcoholism, upon his certificate. He may refer to the terminal or immediate cause only, neglecting the predisposing factor; and so the certificate is not of full statistical value.

It would be far better, if the relatives were given a certificate of the fact that death had occurred, and if a confidential certificate were sent directly to the Medical Officer of Health for his information, and for transmission by him to the Registrar General. This would no doubt entail extra work on Medical Officers; but there would result much more accuracy than exists at present in death certification.

Factory and Workshop Act.

The work done by the Sanitary Inspectors under this Act is given in Tables 23 and 24. A total of 553 visits was made, and fifty-nine defects were discovered. Of these defects 46 were remedied after verbal warning, and in only 13 instances was it necessary to serve a Notice. Twelve of these thirteen Notices were obeyed before the end of the year, and one only remained outstanding,

Although much of the inspection of Factories and Workshops is undertaken by the Factory Inspectors, yet the Council's Officers have certain duties to perform in supervising Sanitation, Cleanliness, Air Space, Ventilation, Drainage of Floors, and Sanitary Accommodation in Workshops and Factories. The questions of Safety from Fire and the Inspection of Bakehouses also devolve upon the Council's Officers.

It can be said that, speaking generally, the condition of the Workshops and Factories in the Borough is good, and the owners have always shown themselves ready to follow out the advice of the Inspectors.

Contagious Diseases of Animals Acts.

Two Inspectors are appointed by the Council under these Acts. During the year there were four outbreaks of Swine Fever in the Branksome area of the District, and the Borough was declared a Swine Fever Infected Area in March. The Order was withdrawn in the early Autumn.

Reference to Table 25 will show that the Inspectors—Mr. Smith and Mr. Ramsden—have had a large amount of work to do in controlling these outbreaks of Swine Fever. Premises have to be visited, certificates and licenses granted, and the supervision of infected and suspected piggeries has to be undertaken.

Apart from Swine Fever, there has been little other notifiable disease among animals. One case of Parasitic Mange was reported, but the diagnosis was not confirmed by the Veterinary Inspectors.

No cases of Anthrax or of Glanders have been reported.

The Port of Poole.

The Medical Officer of Health is also the Medical Officer to the Port of Poole, and the Senior Inspector, Mr. Smith, acts as Inspector of Nuisances to the Port Sanitary Authority.

One hundred and eighty-seven ships were visited during the year, and inspection was made regarding the health of the crews and the health conditions and sanitation on board.

The conditions discovered were as follows :—

British Ships.	Condition very good	24
	Good .. .	86
	Fair	31
	Total inspected ..	141
Foreign Ships.	Condition very good	10
	Good	30
	Fair	6
	Total inspected ..	46

No case of Infectious Disease has occurred among the Crews. Week by week the Port Medical Officer receives from the Local Government Board a list, showing in what Foreign Ports, Cholera, Plague and Yellow Fever are present. This information is transmitted to H.M. Customs Officer, who sends in return intimation to the Port Medical Officer of the arrival of any ship from a Foreign Port.

In eight ships the forecastle was found to be dirty, and verbal notice was given to remedy this defect. In no case was it necessary to issue a formal notice.

The cargoes carried by the 187 ships were as follows:—Barley, Flour, Oats or Wheat (36 ships); Cake (28 ships); Coal or Cement (41 ships); Slates or Stone (16 ships); Timber (20 ships); Other Cargoes or Ballast (46 ships).

The importance of Port Sanitary Work should not be underestimated. By means of careful investigation it is generally possible to discover if any case of infectious disease exists on board ship, and so to prevent the importation of sickness into the Country. It is a matter of common knowledge that, since the days of the Black Death, diseases have been introduced into England from foreign

Countries; and it is against these imported epidemics that the Port Sanitary Authority is the first line of defence.

Baiter Hospital has been kept in readiness throughout the year to receive cases of infectious disease discovered on board ship; but, owing to the absence of infection at the Port, the Hospital was not used. Particulars relating to the cost of this Hospital during the year are given in Table 13.

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TABLE I.

Meteorological Report for 1914.

	Rainfall in inches.		Sunshine in hours and minutes.		Mean Temperature in degrees.	
Month	Average for last 20 years	1914.	Average for last 20 years.	1914.	Greenwich last 65 years.	Poole 1914.
Jan.	2·57	0·53	66·53	50·4	38·6	38·4
Feb.	2·35	5·15	87·44	57·4	39·5	44·6
Mar.	2·37	6·06	131·0	108·25	41·9	44·9
April	1·86	1·44	170·21	233·11	47·3	50·5
May	1·57	1·11	220·25	211·42	53·1	53·6
June	1·97	0·92	210·22	272·2	59·4	59·5
July	1·04	3·42	229·37	203·7	62·7	61·4
Aug.	2·43	2·51	212·15	225·48	61·6	62·7
Sept.	2·27	1·68	167·1	210·1	57·2	58·5
Oct.	4·53	2·87	112·15	106·5	50·0	53·0
Nov.	3·30	5·19	74·2	80·23	43·5	46·4
Dec.	3·90	11·82	53·7	68·4	39·9	44·8
Total	31·16	42·70	1747·20	1841·50	—	—

TABLE 2.

Certain Roads unsewered in the Borough.

Name of Road.	No. of Houses unsewered.	Remarks.
Alcester Road	5	—
Alder Road	7	—
Bridgewater Road	7	—
Brook Road	12	Sewer badly needed.
Cecil Road	7	,, ,,
Hilda Road (part)	7	—
Jubilee Road	30	,, ,,
New Road	21	—
Queen's Road	12	,, ,,
Victoria Crescent	28	,, ,,
York Road	13	,, ,,
Other Roads	37	—
The Sandbanks District	...	Scheme being prepared.
The Parish of Hamworthy	...	Work to begin soon.
Various Small Holdings	...	—
The District of Newtown	...	Sewers badly needed.

TABLE 3.

Cesspools emptied during 1914.

Place.	Number of Cesspools.	Number of times emptied.
Alder Road ...	5	26
Bridgewater Road ...	2	33
Brooke Road ...	3	18
Fernside Road ...	6	38
Glencoe & Pine Roads	8	62
Old Wareham Road	11	59
Ringwood Road ...	20	415
Seldown ...	8	352
Sandbanks ...	30	92
Lilliput	4	34
Victoria Crescent ...	12	46
Cecil Road ...	2	33
Douglas Road ...	12	12
Various	40	215
Total	163	1,435

TABLE 4.

Work done by Health Department during 1914.

Nature of Work.	Mr. Smith.	Mr. Ramsden.	Mr. Wheeler.	Total.
Total Number of Visits to Premises ...	1,006	3,023	3,083	7,112
Number of Houses Visited *re* Infectious Diseases	48	78	68	194
Number of Visits to such Houses ...	71	154	113	338
Number of Houses disinfected after Notifiable Diseases	37	38	96	171
Number of Houses disinfected after other Diseases	3	20	18	41
House Drains Smoke tested	75	375	256	706
,, ,, Water tested	51	153	37	241
Number of Drains found defective ...	31	146	123	300
Inspection of Factories and Workshops	28	373	133	534
,, Greengrocers' Shops ...	—	21	—	21
,, Fishmongers' ,, ...	—	55	65	120
,, Ice Cream Stores ...	—	25	7	32
,, Schools	—	11	12	23
,, Butchers' Shops ...	—	123	383	506
,, Bakehouses	6	27	55	88
,, Yards and Stables ...	3	11	66	80
,, Common Lodging Houses	4	13	63	80
,, Urinals	5	4	10	19
,, Fishmarket	15	12	12	39
,, Dairies and Milkshops ...	11	36	76	123
,, Cowsheds	19	16	51	86
,, Slaughterhouses... ...	28	139	256	423
Smoke Observations	—	22	—	22
Inspections of Work in progress ...	124	930	333	1,387
Other Inspections	415	112	858	1,385

TABLE 5.

Showing amount of Unsound Food Destroyed.

Beef	1,638 lbs.
Pork	3,033 lbs.
Mutton	315 lbs.
Fish	5,925 lbs.*
Total ...	10,911 lbs. or nearly 5 tons.

In addition to the above, the following were also destroyed :—

Bloaters	26 Boxes.
Kippers	33 ,,
Haddocks	4 ,,

* Includes Mackerel, Cod, Whelks, Whiting and Bream.

TABLE 6.

Work done under Sale of Food and Drugs Acts.

Nature of Sample.	Formal Samples.	Informal Samples.	Total.	Genuine.	Adulterated.	Vendor. Cautioned.	Vendor Prosecuted.
Milk	146	1	147	139	8	3	5
Butter	10	30	40	37	3	2	1
Lard	—	5	5	5	—	—	—
Margarine	—	1	1	1	—	—	—
Gregory Powder ...	—	1	1	1	—	—	—
Compound Liquorice Powder ...	—	1	1	1	—	—	—
White Pepper	—	6	6	6	—	—	—
Demerara Sugar ...	—	2	2	2	—	—	—
Coffee	—	3	3	3	—	—	—
Baking Powder ...	—	1	1	1	—	—	—
Total	156	51	207	196	11	5	6

TABLE 6a.

Average Composition of Milk Samples 1910—1914.

	1910.	1911.	1912.	1913.	1914.
Fat	3·49	3·61	3·34	3·39	3·47
Solids not Fat	8·79	8·59	8·82	8·74	8·80

TABLE 7.

Work of Inspectors regarding Nuisances.

Nature of Nuisance.	Mr. Smith.	Mr. Ramsden.	Mr. Wheeler.	Totals.
Premises requiring repair	3	131	73	207
,, ,, cleansing & limewashing	6	187	73	266
,, overcrowded	—	1	2	3
Drains choked	9	65	70	144
Drains otherwise defective	31	146	123	300
Defective W.C. fittings	12	241	86	339
,, Yard surfaces	9	273	57	339
,, Eaves and downspouts ...	14	77	57	148
,, Manure receptacles... ...	6	22	5	33
,, Sinks	—	113	68	181
,, Urinals	2	1	2	5
,, Ashbins	—	—	—	—
Animals improperly kept	5	13	19	37
Offensive accumulations	8	34	46	88
Other Nuisances	16	53	63	132
Total Nuisances discovered	121	1,357	744	2,222

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TABLE 8.

Action taken regarding Nuisances and Defects.

Total Number of Nuisances discovered	2,222
Nuisances abated after verbal warning	1,679
Preliminary Notices served...	543
Preliminary Notices obeyed	485
Outstanding at end of 1914...	30
Not obeyed	55
Statutory Notices served for all purposes... ...	194
Statutory Notices obeyed	178
Outstanding at end of 1914...	9
Legal proceedings under S. 91 of P.H.A., 1875 ...	7

TABLE 9.

Cases of Infectious Disease notified during the year, 1914. (Local Government Board Table II.)

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY.					TOTAL CASES REMOVED TO HOSPITAL.
	At all Ages.	At Ages—Years.												
		Under 1	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years	45 and under 65 years	65 and upwards.	St. James.	Longfleet.	Ham-worthy.	Brank-some.	Parkstone.	
Smallpox	0	—	—	—	—	—	—	—	—	—	—	—	—	0
Cholera, Plague ...	0	—	—	—	—	—	—	—	—	—	—	—	—	0
Diphtheria (including Membraneous croup) ...	66	1	16	37	4	6	2	—	18	10	—	9	29	43
Erysipelas	7	—	—	—	2	1	3	1	3	1	1	1	1	0
Scarlet fever	51	—	7	35	8	1	—	—	8	8	1	24	10	22
Typhus fever	0	—	—	—	—	—	—	—	—	—	—	—	—	0
Enteric fever	5	—	—	1	—	4	—	—	2	—	1	—	2	0
Relapsing fever, Continued fever	0	—	—	—	—	—	—	—	—	—	—	—	—	0
Puerperal fever	0	—	—	—	—	—	—	—	—	—	—	—	—	0
Cerebro-spinal Meningitis ...	0	—	—	—	—	—	—	—	—	—	—	—	—	0
Poliomyelitis	0	—	—	—	—	—	—	—	—	—	—	—	—	0
Ophthalmia Neonatorum	5	5	—	—	—	—	—	—	3	—	—	1	1	0
Pulmonary Tuberculosis ...	64	—	—	7	20	27	9	1	18	6	1	27	12	0
Other forms of Tuberculosis	3	1	—	1	—	1	—	—	1	1	—	1	—	0
Other Conditions (see Table 10)	—	—	—	—	—	—	—	—	—	—	—	—	—	48
Totals	201	7	23	81	34	40	14	2	53	26	4	63	55	113

TABLE 10.

Patients admitted to Borough Hospitals during 1914.

Disease.	From Borough.	From other Districts.	Totals.
Scarlet Fever	22	14	36
Admitted as S.F., but proving to be otherwise ...	8	1	9
Diphtheria	43	2	45
Diphtheria "Carriers" ...	29	0	29
Admitted as Diphtheria, but proving to be otherwise ...	11	0	11
Totals	113	17	130

TABLE 11.

Admissions to the Borough Hospitals, 1914.

Illness.	Remaining at end of 1913.	Admitted during 1914.	Died during 1914.	Discharged during 1914.	Remaining at end of 1914.
Scarlet Fever	7	36	—	37	6
Admitted as S.F. but proving to be otherwise	—	9	—	9	—
Diphtheria	4	45	3	41	5
Diphtheria "Carriers" or Infectious Contacts	—	29	—	24	5
Admitted as Diphtheria, but proving to be otherwise ...	—	11	1	10	—
Totals	11	130	4	121	16

TABLE 12.

Average Duration of Residence of Patients in the Borough Hospitals

(excluding fatal cases).

Disease.	Length of Residence.
Scarlet Fever	34 days each
Wrong S.F. Diagnoses ...	13 ,, ,,
Diphtheria	42 ,, ,,
Diphtheria "Carriers" ...	23 ,, ,,
Wrong Diphtheria Diagnoses	10 ,, ,,

TABLE 13.

Cost of Patients in Alderney Heath Hospital, 1914.

	£	s.	d.
Salaries	287	19	0
Maintenance ...	335	5	10
Horse Hire ...	3	7	6
Fuel and Light ...	112	8	3
Sundries & Drugs	225	5	8
Water	9	18	3
Total	£974	4	6

Expenditure at Baiter Hospital.

	£	s.	d.
Wages	13	4	0
Maintenance ...	7	2	7
Fuel and Light ...	9	7	10
Sundries	4	11	3
Water	6	10	0
Total	£40	15	8

TABLE 14.

Work done under the Housing Acts.

Number of Houses inspected	403
,, ,, Visits	715
,, ,, Defects found	273
,, ,, ,, remedied	260
,, ,, ,, in course of remedy ...	7
,, ,, ,, outstanding	6
,, ,, Houses represented as unfit ...	14
,, ,, Closing Orders made	12
,, ,, Closing Orders determined ...	1
,, ,, Demolition Orders made ...	0

NOTE.—See also Table 4.

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TABLE 15.

Vital Statistics 1884—1914.

Year.	Mid-year population.	Birth-rate per 1000 pop.	Marriage-rate per 1000 pop.	Death-rate per 1000 pop.	Infant Mortality per 1000 births.	Zymotic Disease D'th rate per 1000 pop.
1884	12,796	32·7	—	19·4	130	1·9
1885	12,957	39·5	—	18·7	86	0·8
1886	13,237	30·9	—	18·1	112	1·6
1887	13,529	32·6	—	15·8	109	1·5
1888	13,680	28·0	—	17·5	86	1·4
1889	13,853	27·5	—	10·1	94	2·0
1890	14,027	26·9	—	14·6	82	0·9
1891	15,500	27·8	—	14·1	78	0·6
1892	15,887	29·3	—	20·7	171	2·5
1893	16,275	28·2	—	17·8	165	2·1
1894	16,662	32·2	—	13·7	91	1.0
1895	17,050	29·5	—	15·1	126	0·4
1896	17,438	31·5	—	14·9	116	0·9
1897	17,826	28·6	—	15·5	123	1·6
1898	18,214	28·5	—	15·3	145	0·4
1899	18,602	27·3	—	17·4	123	0·2
1900	18,991	27·7	—	15·3	131	0·6
1901	19,538	27·4	—	13·9	93	1·1
1902	20,095	26·7	—	16·4	110	1·1
1903	20,500	27·0	—	16·1	135	0·8
1904	21,142	27·1	—	17·0	109	1·4
1905	21,804	26·7	—	15·7	113	0·9
*1906	32,086	30·0	15·9	15·1	118	1·5
1907	32,518	27·5	16·8	13·1	76	0·8
1908	33,217	26·6	16·8	13·8	87	1·2
1909	33,524	27·8	15·0	13·9	89	0·8
1910	34,168	26·0	15·4	12·7	82	0·9
1911	39,102	24·0	14·1	14·0	126	2·4
1912	40,386	22·7	14·6	10·9	88	1·0
1913	41,066	22·1	14·2	11·0	82	0·9
1914	**41,880**	**21·0**	**13·6**	**11·3**	**77**	**1·2**

* Borough Enlarged.

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TABLE 16.

(Local Government Board Table I.).

Vital Statistics of Borough during 1914 and previous Years.

Year.	Population Estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.				of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.	Number.	Rate.			Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1909	33,524	933	—	27·8	466	13·9	—	—	83	89	—	13·9
1910	34,168	884	–	26·0	434	12·7	—	—	73	82	—	12·7
1911	39,102	936	—	24·0	533	14·0	21	35	118	126	547	14·0
1912	40,386	918	—	22·7	444	10·9	17	30	81	88	457	11·3
1913	41,066	911	910	22·1	443	11·0	18	27	75	82	452	11·0
1914	**41,880**	**883**	**883**	**21·0**	**474**	**11·3**	**16**	**23**	**68**	**77**	**481**	**11·5**
England and Wales, 1914		—	—	23.6	—	—	—	—	—	105	—	13·6

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TABLE 17.

(Local Government Board Table III).

Causes of, and Ages at Death during the Year 1914.

CAUSES OF DEATH.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Residents" or "Non-Residents" in in Institutions the District.
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and and under 15 years	15 and under 25 years,	25 and under 45 years:	45 and under 65 years.	65 and up-wards.	
1	2	3	4	5	6	7	8	9	10	11
All causes { Certified ...	473	68	16	21	21	17	68	84	178	—
All causes { Uncertified ...	1	—	—	1	—	—	—	—	—	—
1. Enteric Fever ...	0	—	—	—	—	—	—	—	—	—
2. Small-pox	0	—	—	—	—	—	—	—	—	—
3. Measles	30	5	8	11	6	—	—	—	—	1
4. Scarlet Fever ...	0	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	0	—	—	—	—	—	—	—	—	—
6. Diphtheria and Croup	7	—	—	3	4	—	—	—	—	3
7. Influenza	3	—	—	—	—	—	1	1	1	—
8. Erysipelas	2	—	—	—	—	—	2	—	—	—
9. Phthisis (Pulmonary Tuberculosis)	38	—	—	—	2	7	22	7	—	1
10. Tuberculous Meningitis	7	3	1	2	1	—	—	—	—	1
11. Other Tuberculous Diseases	2	—	—	—	—	—	1	1	—	—
12. Cancer, malignant disease	43	—	—	—	—	—	4	16	23	7
13. Rheumatic Fever ...	0	—	—	—	—	—	—	—	—	—
14. Meningitis	4	2	1	—	—	—	—	1	—	—
15. Organic Heart Disease	50	—	—	—	—	2	2	11	35	2
16. Bronchitis	25	5	—	—	—	—	2	4	14	6
17. Pneumonia (all forms)	34	12	2	3	3	3	2	2	7	4
18. Other diseases of respiratory organs	5	—	—	—	—	—	—	2	3	—
19. Diarrhœa and Enteritis	12	7	2	1	—	—	1	—	1	1
20. Appendicitis & Typhlitis	4	—	—	—	1	—	1	1	1	3
21. Cirrhosis of Liver ...	5	—	—	—	—	—	2	3	—	—
21a. Alcoholism	2	—	—	—	—	—	2	—	—	1
22. Nephritis & Bright's Disease	11	—	—	—	—	1	1	2	7	2
23. Puerperal Fever	0	—	—	—	—	—	—	—	—	—
24. Other accidents and diseases of Pregnancy and Parturition ...	2	—	—	—	—	—	2	—	—	1
25. Congenital Debility and Malformation, including Premature Birth	27	27	—	—	—	—	—	—	—	—
26. Violent Deaths, including Suicide ...	16	3	—	—	3	1	2	4	3	4
27. Suicide	2	—	—	—	—	—	1	1	—	1
28. Other Defined Diseases	131	1	1	2	1	3	18	26	79	26
29. Diseases ill-defined or unknown	12	3	1	—	—	—	2	2	4	2
Totals	474	68	16	22	21	17	68	84	178	66
Sub-Entries. included in above figures. Cerebro-spinal Meningitis ...	0	—	—	—	—	—	—	—	—	—
Poliomyelitis ...	0	—	—	—	—	—	—	—	—	—
Syphilis, and its remote effects ...	23	2	—	—	1	1	8	9	2	1

TABLE 18.

(Local Government Board Table IV.).

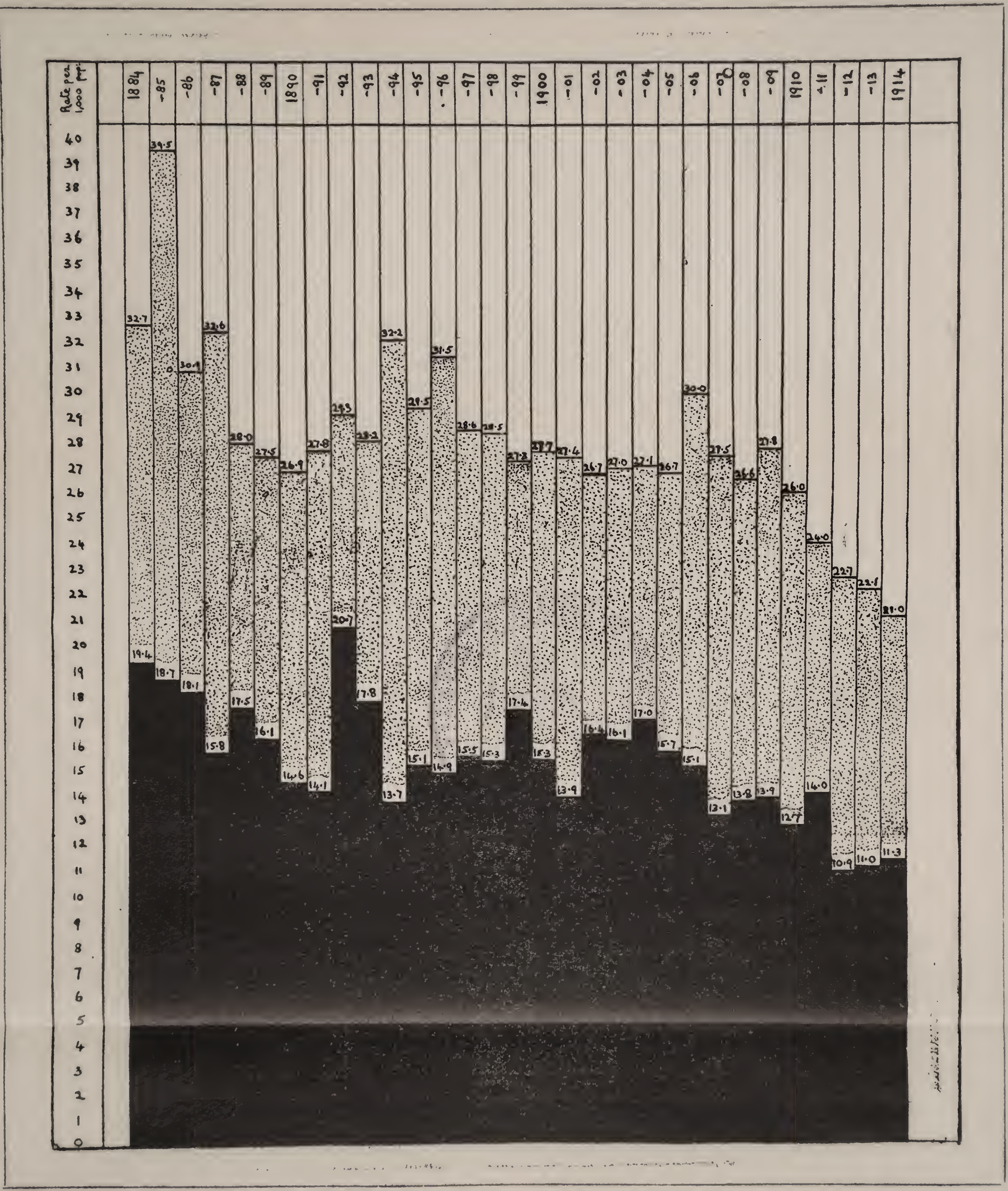
Infant Mortality.

1914. Nett Deaths from stated causes at various Ages under 1 Year of Age.

Causes of Death.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 year.
All causes { Certified.	15	0	5	6	26	13	10	11	8	68
All causes { Uncertified.	—	—	—	—	0	...	...	...	...	0
Small-pox	...	...	...	...	0	...	...	...	...	0
Chicken-pox	...	...	...	...	0	...	...	...	...	0
Measles	...	...	...	...	0	...	2	2	1	5
Scarlet fever	...	...	...	...	0	...	...	...	...	0
Whooping-Cough	...	...	...	...	0	...	...	...	...	0
Diphtheria and Croup ...	...	...	...	...	0	...	...	...	...	0
Erysipelas	...	...	...	...	0	...	...	...	...	0
Tuberculous Meningitis ...	...	...	...	...	0	...	1	1	1	3
Abdominal Tuberculosis ...	...	...	...	...	0	...	...	...	...	0
Other Tuberculous Diseases ...	...	...	...	...	0	...	...	...	...	0
Meningitis (*not Tuberculous*) ...	...	...	...	...	0	...	...	1	1	2
Convulsions	...	...	...	...	0	...	...	2	...	2
Laryngitis	...	...	...	...	0	...	...	...	...	0
Bronchitis	...	...	...	...	0	2	...	1	2	5
Pneumonia (all forms) ...	...	...	...	1	1	3	3	2	3	12
Diarrhœa	...	...	1	...	1	2	...	...	...	3
Enteritis	...	...	...	1	1	1	1	1	...	4
Gastritis	...	...	...	...	0	...	...	...	...	0
Syphilis	...	...	...	...	0	...	2	...	...	2
Rickets	...	...	...	...	0	...	...	...	...	0
Suffocation, overlying ...	...	...	...	1	1	2	...	...	...	3
Injury at birth	1	...	...	...	1	...	...	...	...	1
Atelectasis	...	...	...	...	0	...	...	...	...	0
Congenital Malformations ...	3	...	...	...	3	...	...	...	...	3
Premature birth	7	...	4	2	13	2	...	...	...	15
Atrophy, Debility & Marasmus	4	...	...	1	5	...	1	...	...	6
Other Causes	...	...	...	...	0	1	...	1	...	2
Totals	15	0	5	6	26	13	10	11	8	68

TABLE 19.

Birth, Death and Natural-increase Rates, 1884-1914.



NOTE.—The Black part of this Diagram represents the Death Rate.
The Black part *plus* the dotted part represents the Birth Rate.
And the rate of Natural Increase is represented by dotted portion.

TABLE 20.

Attack Rates per 10,000 population from Scarlet Fever, Diphtheria and Enteric Fever.

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.
1894	19·9	23·9	6·8
1895	14·6	10·5	2·9
1896	12·5	5·7	3·4
1897	24·1	16·7	3·3
1898	4·9	15·9	1·1
1899	38·7	12·3	8·9
1900	19·0	5·8	10·0
1901	139·8	7·1	19·6
1902	24·5	8·4	5·6
1903	7·8	11·7	6·8
1904	106·2	16·2	10·1
1905	13·7	9·1	17·9
1906	12·4	10·2	8·4
1907	7·1	15·0	4·0
1908	12·6	13·8	1·8
1909	42·0	8·9	3·9
1910	29·5	20·7	1·4
1911	96·6	12·5	1·4
1912	47·3	17·0	3·4
1913	18·2	12·1	3·1
1914	12·1	15·7	1·1

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TABLE 21.

Death-rates per 10,000 population from Cancer and Tuberculosis.

Year.	Cancer.	Pulmonary Tuberculosis.
1900	13·1	8·9
1901	10·7	11·5
1902	8 5	11·0
1903	6·8	11·2
1904	13·3	13·8
1905	8·2	13·5
1906	11·3	12·7
1907	7·7	10·1
1908	8·2	12·3
1909	9·5	10·8
1910	10·8	11·1
1911	11·0	10·0
1912	9·7	7·2
1913	11·2	7·3
1914	**10·3**	**9·0**

TABLE 22.

Monthly Incidence of certain Notifiable Infectious Diseases during 1914.

Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Scarlet Fever ...	7	2	4	—	2	1	3	—	8	10	3	11	51
Diphtheria ...	5	9	5	7	—	7	1	2	9	14	5	2	66
Enteric Fever ...	1	—	1	—	—	—	1	—	—	—	—	2	5
Erysipelas ...	1	—	2	1	1	1	—	1	—	—	—	—	7
Tuberculosis ...	4	4	7	5	8	10	8	2	7	7	3	2	67

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TABLE 23.

Inspection of Factories, Workshops and Workplaces.

Premises.	No. of Inspections.	No. of Notices.
Factories	1	1
Workshops ...	470	6
Workplaces & Bakehouses	82	6
Total	553	13

TABLE 24.

Defects found in Factories, Workshops, and Workplaces.

Particulars of Defect.		Defects found.	Remedied without Notice.	Remedied after Notice.
Want of Cleanliness ...		27	18	9
Want of Ventilation ...		9	8	1
Overcrowding		1	1	—
Want of Drainage of Floors		6	5	1
Other Nuisances ...		7	7	—
Sanitary Accommodation	insufficient	4	3	—
	unsuitable or defective	5	4	1
Totals		59	46	12

TABLE 25.

Work done under the Contagious Diseases of Animals Acts.

Nature of Work.	Number.
Premises visited	228
Cases reported	20
,, ,, and found not to be Swine Fever	10
Licenses granted to move Swine	553
Swine moved	673
Licenses granted to move Pigs for slaughter ...	57
Pigs slaughtered	186
Form A served	13
Form B served	18
Form C served	18
Adjoining Piggeries lime-washed	36
Pigs destroyed under Form A	118

TABLE 26.

List of Acts of Parliament Adopted by the Council.

Notification of Births Act.
Infectious Diseases (Prevention) Act, 1890.
Public Libraries Act.
The Baths and Wash-houses Act.
The Public Health Acts (Amendment) Act, 1890.
The Private Street Works Act, 1892.
The Public Health Acts (Amendment) Act, 1907 (certain sections).

TABLE 27.

List of Bye-laws made by the Council on certain Public Health Matters.

Slaughterhouses.
Nuisances.
Dairies, Cowsheds, and Milkshops.
Common Lodging Houses.
Tent and Van Dwellers.
Building.

TABLE 28.

Articles Disinfected by Steam during the Year.

Beds and Mattresses	140	
Blankets ...	318	
Pillows ...	303	
Sheets ...	24	
Clothing ...	21	bundles
Carpets ...	18	

Note.—In addition, 8 loads of Soldiers' Clothing and 2,909 Army Blankets passed through the Disinfecting Machine. The above Table takes no account of the disinfecting done of articles from the Borough Hospitals.

TABLE 29.

Population of the Borough at the last Census.

Wards.	Area in Statute Acres (Land and Inland Water).	Familes of Separate Occupiers.		Population.				Institutions, Large Establishments, Vessels, etc. 1911.	
				1901.	1911.				
		1901.	1911.	Persons.	Persons.	Males.	Females.	No.	Popu-lation.
	7,964	**6,020**	**8,716**	**27,558**	**38,885**	**17,722**	**21,163**	**52**	**1,175**
No. 1	...	...	665	...	3,077	1,624	1,453	19	162
No. 2	...	...	756	...	3,331	1,594	1,737	6	150
No. 3	...	...	745	...	3,390	1,694	1,696	2	31
No. 4	...	...	991	...	4,484	2,057	2,427	3	280
No. 5	...	...	977	...	4,291	2,144	2,147	1	27
No. 6	...	...	879	...	3,740	1,541	2,199	5	89
No. 7	...	...	1,420	...	5,992	2,432	3,560	2	109
No. 8	...	...	1,306	...	5,825	2,909	2,916	9	67
No. 9	...	...	977	...	4,755	1,727	3,028	5	260

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TABLE 30.

Population per Building and Numbers in Families.

Average Number of Persons per Inhabited Building.		Average Number of Persons per Family.		
1901.	1911.	1901.	1911.	1911.
		All dwellings.	All dwellings.	All dwelling houses.
4·84	4·74	4·58	4·46	4·39

TABLE 31.

Population in Institutions in the Borough.

Institution.	Special Inmates (Patients, Paupers &c.).			Officials and their Families.			Total
	Persons	Males	Females	Persons	Males	Females	Persons
Workhouse (Poole Union)	222	122	100	14	4	10	236
Infectious Diseases Hospital (Baiter)	—	—	—	5	2	3	5
Infectious Diseases Hospital (Alderney Heath)	20	7	13	7	2	5	27
Poole General Hospital ...	17	7	10	9	1	8	26
Dorset Home, Industrial School for Girls ...	85	—	85	11	—	11	96
St. Faith's Orphanage ...	19	—	19	5	—	5	24

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TABLE 32.

Age and Sex distribution of the Population of the Borough at the Last Census.

AGES.	Males.	Females.
All Ages	**17,722**	**21,163**
Under 1 year	457	427
1	363	402
2	409	379
3	389	438
4	433	417
5	416	426
6	400	446
7	435	377
8	369	375
9	407	362
10	375	361
11	346	345
12	342	406
13	352	337
14	314	387
15	332	306
16	377	391
17	303	388
18	303	358
19	306	365
20	284	388
Under 5 years	2,051	2,063
5 and under 10	2,027	1,986
10 ,, 15	1,729	1,836
15 ,, 20	1,621	1,808
20 ,, 25	1,398	1,973
25 ,, 30	1,429	1,914
30 ,, 35	1,362	1,734
35 ,, 40	1,243	1,543
40 ,, 45	1,022	1,312
45 ,, 50	960	1,227
50 ,, 55	810	972
55 ,, 60	596	790
60 ,, 65	505	605
65 ,, 70	421	574
70 ,, 75	293	398
75 ,, 80	144	247
80 ,, 85	78	118
85 ,, 90	28	56
90 ,, 95	3	5
95 ,, 100	2	2
100 years and upwards	—	—

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TABLE 33.

Classification of Buildings in 1911.

—	1901.	1911.											
			Buildings used as Dwellings.									Buildings not used as Dwellings.	
	Total.	Total.	Ordinary Dwelling Houses.	Blocks of Flats.	Shops.	Hotels, Inns, and Public Houses	Offices, Warehouses, Workshops, Factories.	Institutions.	Others	Vessels, Sheds, Vagrants, &c.	Separate Flats (included in col. 5).	Kind of Building.	No.
												Places of Worship ..	39
												Govt. and Municipal Buildings	13
Number inhabited	5,696	8,205	7,558	4	474	70	18	53	28	—	7	Shops	111
Separate Occupiers	6,020	8,716	7,986	7	504	72	18	53	28	48	7	Offices	44
Population ..	27,558	38,885	35,040	34	2,071	556	83	780	108	213	34	Warehouses, Workshops, Factories	169
Uninhabited ..	438	477	419	—	50	1	2	—	5	—	1	Theatres, and other places of amusement	2
Being built ..	71	73	64	—	9	—	—	—	—	—	—		

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TABLE 34.

Tenements in the occupation of Private Families.

	No. of Rooms per Tenement.	Number of Persons in Private Families. 1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11	12	13	14	15 & upwards	Total Number of Private Families.	Population in Private Families.
		Number of Private Families.																
Total Population— 1901, 27,558; 1911, 38,885	1	87	20	3	3	—	—	—	—	—	—	—	—	—	—	—	113	148
	2	144	99	60	21	14	2	—	—	—	—	—	—	—	—	—	340	688
Total families or separate occupiers, private or other— 1901, 6,020; 1911, 8,716	3	25	117	89	53	37	24	10	6	—	1	—	—	—	—	—	362	1,195
	4	42	165	180	136	116	72	45	30	8	4	4	1	—	—	—	803	3,191
	5	56	428	598	592	534	346	208	132	77	43	13	2	4	2	—	3,035	13,702
	6	44	277	326	378	277	201	133	73	42	24	13	4	3	1	1	1,797	8,071
Tenements with more than two occupants per room— No., 82; Popn., 714. Propn. per cent. to popn. in private families, 1·9	7	20	150	207	171	123	93	60	41	27	7	4	3	2	—	—	908	3,965
	8	9	53	89	107	65	52	25	16	12	5	1	2	1	—	—	437	1,956
	9	—	19	63	59	45	37	13	12	6	6	5	—	—	—	—	265	1,266
	10 & upwards	6	32	71	107	100	93	68	40	29	20	11	6	3	—	2	588	3,295
Totals ..	—	433	1,360	1,686	1,627	1,311	920	562	350	201	110	51	18	13	3	3	8,648	37,477

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PART II.

THE SCHOOL MEDICAL SERVICE.

PREFACE.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour of presenting to you my First Annual Report on the work of the School Medical Service in the Borough of Poole.

The year under review has been one of great progress, and has seen the establishment in the Borough of Treatment Centres, where School Children now receive the Medical Treatment, of which they were so much in need.

Several matters of difficulty, such as the provision of additional Staff, the increasing of facilities for Dental and other Treatment, and the Education of Mentally Defective children, await your decision in the present year.

It is satisfactory to know that the Medical Inspector of the Board of Education, who visited the Borough recently, reported favourably upon the work of the School Medical Service, which I have been able to carry out under your direction.

The preparation of this Report has been a matter of considerable difficulty, owing to the mass of statistics involved; but the Tables of figures that I have given will not be found lacking in interest, since they indicate clearly the health conditions of the many children under your care.

I am,
Your obedient Servant,
A. T. NANKIVELL.

February, 1915.

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Sanitary Condition of the Schools.

At the end of the year 1914 there were in the Borough fourteen Schools with 28 Departments under the control of the Education Committee. There was accommodation for 6,342 children, 6,039 being on the roll, with an average attendance of 5,244 (Table A).

As regards site, surroundings, ventilation, lighting, warming, equipment and sanitation, the Schools vary considerably; but those more recently erected are, on the whole, satisfactory in these respects. On the other hand, certain of the older Schools are in many ways undesirable. A full report on the various Schools is in course of preparation, and will be presented to the Education Committee during 1915: it will be sufficient, therefore, at present, briefly to refer in general to one or two matters only.

The cleanliness of the School premises is a subject which came before the Education Committee during 1914, and, despite the fact that a circular (see Appendix) was sent to the School cleaners, defining their duties, it is to be regretted that there has been but slight improvement in the condition of certain of the Schools. In the majority of instances this lack of cleanliness is the result of an insufficient staff of workers, and not due to individual indolence on the part of the cleaners.

All the Schools are supplied with water from the Council's mains; but improvement is generally required in the direction of providing a better supply of clean towels and soap in the various Departments, so that the children may be encouraged in habits of cleanliness.

Trough closets are common in the Schools of the Borough, but are gradually being replaced by more sanitary pedestal closets.

The cloak-room accommodation, especially at some of the older Schools, leaves very much to be desired.

Organisation of the School Medical Service.

The School Medical Officer is also Medical Officer of Health, and this arrangement ensures complete co-ordination of the work of his two Departments. The present School Medical Officer began his work in February, and spent much time in the necessary re-organisation of the School Medical Service.

The Staff of the School Medical Officer consists of one whole-time School Nurse, and one whole-time Clerk. Since the day of the Nurse is largely occupied in work at the Treatment Centres, and in helping at the Routine Medical Inspections, very little time can be given by her to the very important work of "following up" cases. An additional School Nurse is urgently required, since it has been found that one Nurse is sufficient for a School Population of about 2,000, and in the Borough of Poole there are over 6,000 School children.

A careful study of this Report will show what good work has been done by the School Medical Service during the year in improving the health of the School Children. The creation of healthy men and women is more than usually important at this time, when so much that is best of our young manhood is being lost to the Country.

Sir George Newman, the chief Medical Officer of the Board of Education, writes as follows in his last Report:—

> "In no direction are the ravages of war more serious or more difficult to replace than in the loss of human lives. Whatever degree of success may attend the nation in the present European war, the cost in life must inevitably be heavy. Consequently, the question of the preservation of the rising generation, and care for its physical fitness and equipment, is of more than ordinary importance. Apart from the grave disadvantage, that much of the value of the education of children will be lost, unless they are physically fit both to profit by the instruction they receive and to perform the industrial tasks which await them in the future, it is a matter of grave national concern to secure that physical unfitness and inefficiency in all its forms, due to ill-health or lack of vitality, are reduced to the smallest possible dimensions.
>
> This is the task of the School Medical Service. In order that this national service may be adequate, it must fulfil the two-fold purpose of providing treatment and remedy for the defective, and physical education and development for all children."

Having these words in mind, it is to be hoped that the School Medical Officer's Staff at Poole, which at present can only accomplish *part* of its work, may be increased, so that its very important duties may adequately be performed in the future.

In April next the duty will devolve upon the Education Committee to make arrangements for examining, not only Entrants and Leavers, but also children aged 8—9 years of age. This means, then, an additional six or seven hundred children will have to be examined and followed up every year. This is another reason for increasing the Nursing Staff, and also for providing much needed extra clerical assistance.

The present Clerk was appointed in April of 1914. Before his appointment very little clerical work had been attempted, and the records kept were insufficient. This Clerk has had to do much unpaid overtime work, in order to keep the various cards and registers up-to-date; and it is largely owing to his energy that the Board of Education Inspector, at a recent visit, was able to report in praise of the School Medical Service, saying that " . . . the general arrangements for carrying out the School Medical work of of the area are being administered . . . in an orderly and methodical manner."

Method of Inspection. A form is sent out to the heads of the various Departments of the Schools, and on this the Teachers state the names and other details of the Entrants, Leavers or "Specials" to be examined. On the return of this form to the office, the names are compared with past records of inspection, and for each child who has not been previously examined, a new card is made out. These cards are ready before the day fixed for the inspection.

An invitation to attend the examination is issued through the School Teachers to the parent of each child, and also a card asking for information about past illnesses. These cards are brought by the parents or the children to the place of inspection.

The inspection takes place either at the Schools; or, in the case of certain Schools, where the accommodation for such inspection is insufficient, at one of the two Treatment Centres.

The inspection is performed by the School Medical Officer.

The Nurse assists in the undressing of the Children. The Clerk attends to take notes at the dictation of the Medical Officer.

Before the inspection, the record cards are arranged in order, and the children in the same order: the Medical Officer first measures and weighs each child, and the results are recorded on the cards; then follows the testing of eyesight; and then, when the children have been partially undressed, the examination of the chest, and observations on cleanliness and malnutrition. Other details—hearing, teeth, tonsils, etc.—follow this, the children and their record cards remaining in the same order throughout the inspection. By means of this method, accuracy in the examination is assured, and considerable saving of time results.

Attendance of Parents. About 34 per cent. of parents avail themselves of the opportunity of being present when their children are inspected, and such parents, with very few exceptions, appear keenly interested in the welfare of their children and very willing to receive suggestions from the Medical Officer. It is supposed that the casual and uncaring parent does not take the trouble to attend.

Co-operation of the School Teachers. The Teachers, without exception, afford all the help in their power; and many are enthusiastic in the work, especially when they see that the Inspections are not so much dull routine, but lead eventually to Treatment. The School Medical Officer owes very many thanks to the Teachers for their co-operation, and for their readiness in supplying him with information, the compilation of which must have taken up much of their spare time.

Extent and Scope of the Work.

Visits. During the year the Medical Officer made 87 visits to the Schools, and 23 to the homes of children.

During the year the School Nurse made 212 visits to the Schools, and 403 visits to the homes of children.

Selection of Children for Inspection. As required by the Board of Education, children entering School, and also those aged 12—13 years, were inspected. In addition, children over 13 years, who had not previously been inspected, were seen this year. Details of the number of children at various ages who were inspected will be found, together with their heights and weights, in Table *B*. It was recognised by the School Medical Officer, when he began his work in February, that, owing to the time required for the re-organisation and the lack at that period of clerical assistance, it would not be possible to examine all the Entrants and Leavers, as required by the Board of Education, It was decided, therefore, to examine all the children aged 12—13 and over, and to inspect as many of the Entrants as possible. There was also in February, a considerable number of un-inspected children, which had accumulated during the inter-regnum that preceded the School Medical Officer's appointment. One thousand two hundred and twenty-four children were inspected during the year, in accordance with the code directions of the Board of Education.

In addition to the code groups of children inspected, the Medical Officer has also examined, at the request of the Teachers, a large number of special children—222 in all—of whom the majority were in need of immediate Medical Treatment or supervision : and also, during his visits to the Schools, his attention has been directed to a number of children, who were referred by him to the Treatment Centres either for examination or for treatment (Table H).

"*Class to Class*" *Inspection.* The School Nurse during her visits to the Schools has made a cursory examination of about 13,000 children, inspecting them for skin diseases, verminous conditions, sore eyes and other obvious defects. Such inspection, though rapid and superficial, is of extreme value—provided defective children can be seen later at the Treatment Centres. During January and February, when the majority of these class to class inspections were made, the Treatment Centres were not established;

but, later, the attendance of children who were found obviously defective, was secured at the Clinics by giving to each such child in School a printed card, stating that the child was excluded from School until further notice from the School Medical Officer in writing, that Medical Treatment must be secured, and that such could be had free of cost at the Treatment Centres (see Appendix to Report). On the back of this card was a short statement, explaining that it is an offence under the Children Act for a Parent to fail to obtain Medical Treatment for a child.

The Defects discovered on Inspection of Entrants and Leavers, are found in Table C, which shows clearly the numbers and percentages of Defective children.

Children referred for further examination. The name of every child, found suffering from a defect that needs treatment, is entered upon a special defect card, which is filed for reference and for use in "following up." These cards state the nature of the defect, and the name, age, address and school of the child. Space is provided for the Nurse or Medical Officer to make notes of the conditions found on following up the case.

Directions given to Parents. In every case where a child was found to be in need of treatment, a letter was sent to the parents, stating the nature of the defect, and telling how treatment could be obtained (*e.g.* at the Treatment Centres or from the School Oculist or from private Practitioners). In certain cases, when at the routine inspection a child was found to be obviously infectious—for instance with Mumps or Impetigo—an exclusion card, to which reference has been made above, was sent to the parents. Since the routine inspections began in May, no less than 1,727 letters or notices were sent to parents, drawing their attention to their children's defects. Details of these are given in Tables D and X.

The "Following up" of Cases. Very little practical benefit results from inspection unless the cases are "followed up" and treatment is provided. Merely to collect a mass of statistics may be interesting; but it does not improve the health of the children, which is, after all, the object of the School Medical Service. Fortunately now, treatment is provided for the children; but the process of "following up" forms an all-important connecting link between the Inspection and the Treatment Centres. Certain parents entirely disregard printed instructions; and treat with indifference such invitations as are sent to them, asking them to take their children to the School Oculist, Dental Surgeons or Minor Ailment Treatment Centres: and it is in persuading such recalcitrant parents of their responsibilities, that energetic "following up" is of so much value. The School Nurse during the year made 403 "following up" visits, chiefly with respect to Verminous conditions; but, owing to her time being fully occupied, many other cases where "following up" was necessary, had to be neglected. Table E gives details of certain of these "following up" visits.

The Poole Secondary School and Scholarship Candidates. Although Elementary School children are examined on entering and on leaving school, no examination of the Secondary School children is undertaken. It must not be supposed that because a boy or girl has passed the age of thirteen or fourteen years that he or she is immune to illness and physical defect. No doubt a certain percentage of children at the Secondary School would be found defective; but at present no arrangements are made for their medical examination. A beginning might well be made with the scholarship candidates, and it might be demanded by the Education Authority that such scholarship children should be physically fit, or that their defects should be remedied before they entered the Secondary School. Such examination of scholarship candidates and of Secondary School children is undertaken in many Boroughs.

General review of the facts disclosed by Medical Inspection.

Malnutrition. Out of 1,224 children attending Elementary Schools in the Borough, who were inspected during the course of the year, 14 were found in a state of malnutrition. Table C gives details of these cases.

Defective nutrition in a child may be the cause of many subsequent defects and illnesses, since children depend so greatly for their health and development upon their power rightly to assimilate their food materials. Reference has already been made to the great improvement often shown by children who are admitted to the Borough Isolation Hospitals, where, as far as their metabolism is concerned, they live under the best possible conditions.

If reference is made to Tables B, F, and G, it will be seen that the heights and weights of children in the Borough of Poole are generally slightly above the average. For purposes of comparison, the figures of Greenwood, based on the heights and weights of over 800,000 children, have been employed.

The chief *causes* of malnutrition in a child can be summarized as follows :—

(*a*) *Lack of sufficient food.* Careful enquiry made in the Schools during the early part of September failed to show that any children were more in need of food at that date than before the war began. Teachers were asked if there was any unusual hunger among their scholars, and the reply was generally in the negative.

(*b*) *Improper food.* Too often parents are ignorant of the proper methods of feeding their children. One child, three years old, when questioned as to the quality of his breakfast by the School Medical Officer, replied, "I had cheese and pickles." On such material—it cannot be called nourishment — no child can prosper. Mothers, or many of them, seem to be quite unaware how to feed their children: and are sadly in need of education. It is, however, the privilege of the Education Authority to educate, not the parents but the children ; and it is to be hoped that the girls now in our schools, who are instructed in Domestic Science, will prove to be better mothers for the next generation. The provision of meals for school children is also an excellent practical method of enforcing the principles of dietetics; but this educative factor does not obtain in the Borough.

(*c*) *Unsuitable home conditions.* Insanitary houses, moral and physical overcrowding, lack of fresh air and sunlight, and insufficient sleep are powerful causes in predisposing to malnutrition.

(*d*) *Employment out of school hours* may also seriously undermine the health of the growing child. Reference is made later to this problem.

(*e*) *Disease.*

Clothing. Out of the 1,224 children examined, the clothing of 45 was found to be poor and insufficient. In all these cases also the boots were defective. Very often parents deck out their children in their Sunday best, and so the figures given above cannot be taken as representing actually the every-day condition of the children. Many children are over-clothed by their parents. Such overburdening with clothing makes the child hot, uncomfortable, and often bad tempered. One boy who came up for examination, wore a vest, shirt, five jersies of wool and an overcoat.

Uncleanliness Out of the 1,224 children examined, 79 were found to have dirty bodies, and 52 to have lice, or the eggs of lice, in abundance in their heads. This gives a total of 131 unclean children in the number examined, or a percentage of 10·7. Children, whose hair contained only a few nits, were regarded as clean: if these had been included, then the above figures would have been considerably increased. (Tables C and J).

The whole question of the cleanliness of children is one of very great importance to the Education Authority.

The Chief Medical Officer of the Board of Education writes as follows regarding verminous conditions:—

> "The conscience of of the parent has still to be aroused in regard to this filthy and unwholesome condition. Its depressive effects on health, temperament, capacity for work, and employment are matters upon which the parent requires to be educated, though the task seems often hopeless with the present generation of parents. It may be hoped that children now emerging from school will carry with them into life a new body of ideas on personal hygiene from which they will no doubt learn to regard uncleanly conditions with abhorrence. Education cannot be said to have achieved any result worthy of the name, so long as the child leaves school with the lesson of cleanliness unlearned."

Cleanly parents—and there are many of them—may very reasonably object to their children having to mix in school with others that are verminous and filthy; and every effort should be made to purge the schools of this offence.

Cases are discovered by the Teachers, by the Medical Officer and by the School Nurse. If the child has live vermin in the head, or nits in quantity, the child is at once excluded from school, and a notice giving full directions for cleansing is delivered personally, or sent by registered post, to the parent. (See Appendix to Report). The School Nurse then " follows up " the case; but, unfortunately, owing to the large amount of work that the Nurse has to do, both at the School Clinic and also at the Routine Inspections, it has not been possible adequately to follow up all these cases. The same inability to follow up other defects may here be noted. Each verminous child is re-inspected by the School Medical Officer before return to school is allowed. Several houses in which verminous children were living were visited and disinfected by the Sanitary Inspectors.

Prosecutions. The School Medical Officer took proceedings under Sec. 12 of the Children Act, 1908, against a parent whose child's scalp was not only verminous but also inflamed. The Justices inflicted a fine of 10/- and costs. Prosecutions under this section cannot be successful unless it is proved that the child was caused unnecessary suffering or injury to health.

Towards the end of 1914 the School Attendance Sub-committee authorised prosecutions under the Attendance Bye-laws against parents in respect of three children. In all instances the Justices adjourned the cases—one for a month, at the end of which period the child was clean—in the other two cases they inflicted a fine of 5/- inclusive of costs and warned the parents. No doubt a further series of prosecutions, less tempered by adjournments, will bring home some sense of the importance of cleanliness to the careless and dissolute type of parent.

It may later be desirable for the Education Authority to provide under the Children Act, a cleansing station. This could be conveniently established at Alderney Isolation Hospital, and there the cleansing of dirty and verminous children could easily be undertaken. The fact that there is a steam disinfector, and adequate bathing accommodation in the discharging block, makes this scheme practicable and inexpensive. It would also be of considerable educative value, and would entail the saving of grant.

The education of children in matters of health and cleanliness is far more important than attempts to convert recalcitrant and filthy adults, and it is to be noted with pleasure that the school teachers insist frequently on the importance of cleanliness among their scholars. At several schools dirty children are sent outside to wash their hands; at one school any boy, who attends with dirty hands or face, is punished by the Head Teacher.

One of the best methods of inculcating cleanliness among the children is by the provision of School shower baths. It is a matter regret that no school in the Borough is provided with this powerful means of education. The children themselves thoroughly enjoy these school baths, and the teachers find that their pupils benefit mentally by their use.

Adenoids and Enlarged Tonsils. Out of 1,224 children examined, no less than 22 were suffering from Adenoids, and 150 from enlarged Tonsils In several of these cases it was found that the children were suffering from both enlarged Tonsils and Adenoids (Tables C and N).

Adenoids causes a child to become deaf. They prevent the child from breathing properly through the nose: the mouth is therefore kept open, and gives the child a foolish appearance, which militates against his chances of success in later life. His deafness makes him stupid and backward, and for these reasons the presence of Adenoids is a very real infirmity and disability. Moreover, mouth-breathers are liable to develop lung disease, their chests are usually insufficiently expanded. and the air that enters the lungs is not properly filtered from small particles and microbes, as it would be if it had passed through the nose.

Children with *enlarged Tonsils* are commonly the victims of recurrent attacks of sore throat and tonsillitis. They are more liable to develop Scarlet Fever and Diphtheria than are other children; and when they do contract these illnesses their period of convalescence is often unduly prolonged. Children with large tonsils are more likely than other children to become Diphtheria "Carriers." They are liable also to develop enlarged glands in the neck, which may become in their turn infected with the Bacillus of Tuberculosis, which has entered through the affected Tonsil.

The removal of Adenoids and enlarged Tonsils is therefore a matter of importance, if the health of the child is to be secured.

The method adopted in the Borough for securing such treatment is discussed later.

It may be noted that parents, whose children have been operated on for these conditions, admit always that the health and well-being of the children has been greatly improved by the operation.

During the current year a careful inquiry into the incidence of Adenoids will be undertaken, in accordance with the wishes of the Board of Education, and special attention will be given to the following matters.

a. Incidence—local and general.
b. Predisposing causes.
c. Previous history.
d. Signs and Symptoms.
e. Associated physical defects.
f. Educational retardation.
g. Treatment.
h. Results.

In the present Report certain of the above details have been considered, and in Table N the incidence of the previous illnesses of children with Tonsils and Adenoids is recorded.

Defective hearing. Out of 1,224 children examined, it was discovered that 18 were suffering from defective hearing; and 17 from disease of the middle ear, or giving a history of previous ear discharge. Probably the majority of the former category was the result of Congenital Syphilis. In addition to the above cases, 37 children were found suffering from temporary deafness due to accumulations of wax in the outer ear: it may also be said that the children suffering from Adenoids, to which reference has already been made, were either more or less deaf, or in danger of becoming so.

Deafness, due to wax or Adenoids, can be easily remedied: that due to Congenital Syphilis or to middle ear disease is not so amenable to treatment.

A deaf child is severely handicapped in life, and the importance of securing treatment for these children cannot be overestimated. Parents, only too often, consider deafness and discharging ears as being trivial inconveniences. Mothers often come to the School Clinic or to the Routine Examinations, and say that the child "only has a rising in his ear," as if it was a matter of no importance. Again, it may be hoped that, after several years of activity by the School Medical Service, the next generation of parents will be more acutely interested in the health of their children.

Congenital Syphilis. Out of 1,224 children examined, 8 showed definite signs of Congenital Syphilis. This disease, to which reference has already been made in Part I. of this Report, affects children very heavily, causing blindness and eye defects, deafness, abscesses, malnutrition and anæmia. Other diseases often flourish with unusual vigour on a syphilitic soil; and a child, who starts life thus disabled, has not an equal chance with its less unfortunate companions.

Ringworm. Out of the Entrants and Leavers examined, it was not found that any were suffering from Ringworm. Children with Ringworm are excluded from School, and so also from the Inspections; but no less than 92 children suffering from Ringworm of the Scalp or Body came to the notice of the Medical Officer during the year, chiefly as the result of Class to Class inspections.

This disease is caused by certain varieties of moulds, which settle down and grow upon the skin or in the hairs. These organisms may be transferred directly from person to person—a child may put on the hat of another who is suffering from Ringworm, and the organisms may be passed on in this way. It seems more likely, however, that the mould causing Ringworm, like other moulds, travels through the air and settles down upon the child's head. Certainly it is more common to find the Ringworm patch upon those parts of the child's head which face directly upwards, rather than in other more sheltered positions like the nape of the neck.

Impetigo. This is the most common disease present in the Borough Schools, and 620 cases were brought to the notice of the School Medical Officer during the year. Later, in discussing questions of treatment, further reference will be made to this disease, which. though not in itself of a serious nature, caused loss of grant in the year of about £61. (Tables O and S).

Impetigo is a contagious skin disease, and is characterised by an outbreak of sore places, which become covered by yellow crusts, under which purulent matter is present. As in all other septic conditions, the child's health deteriorates as the result of this infection.

Defective Vision. Out of 1,224 children examined during the year under review, it was discovered that 107 suffered from defective eyesight. Tables C and K should be consulted in order to find the particulars of these children whose vision was defective. Besides these routine cases, defective vision was discovered to be present in 73 other children.

Snellin's Test Types are used for the purpose of testing the visual acuity.

When considering the question of treatment, further reference will be made to these cases of defective eyesight, and a short report by the School Ophthalmic Surgeon will be submitted.

The causes of defective eyesight can be shortly classified as follows :—

a. *Defective lighting in Schools* may cause deterioration of vision in a child. In the more modern Schools there is no danger that the scholars may suffer from lack of light: in some of the older Schools, however, the illumination is poor, especially in the corners of the Class Rooms.

b. *Eye Strain.* The use of the eyes for prolonged periods at minute work, or excessive reading or use of the eyes at an early age, may cause a squint or otherwise directly damage the vision. The Medical Officer feels strongly that, when a child resorts frequently to Cinematograph Shows, the eyesight is likely to suffer. Close attention to a picture, which is neither stationary nor excellently illuminated, can only be prejudicial to the eyesight.

c. *General health* may be the predisposing cause to visual defects. When a child is ill-nourished the muscles of the body tend to lose their tone—the muscles of the eyes share the general deterioration, and defective eyesight may be the result. Actual disease also, of course, may affect the vision, such for instance as Congenital Syphilis.

d. *The neglect of inflammatory conditions.* It is by no means uncommon to discover a child where cornea is scarred as the sequel to old eye inflammation. Ophthalmia, corneal ulcers and inflammation of the eyes during an attack of measles, may all lead to scarring on the surface of the eye, which later affects the vision adversely.

Other eye diseases. 25 cases of blepharitis, and 11 of corneal and phlyctenular ulcer came under the notice of the School Medical

Officer during the year, among the routine children and others attending the Treatment Centres.

Defective Teeth. Out of 1,224 children examined by the School Medical Officer, 930 were found to have defective teeth, giving a percentage of 75·9 defective.

The teeth of 294 children were good. Less than four decayed teeth were discovered in each of 646 children, while of 284 children each had more than four teeth which were decayed. (See Table L).

In addition to these figures out of 1,537 children between six and eight years of age examined by the School Dentists, 1,190 were found to have carious teeth which needed dental treatment.

This very large amount of dental disease present in the Borough must be alarming to those who appreciate the importance of a clean and healthy mouth. The average parent takes little interest in the teeth of the child, unless acute toothache or dental abcess makes the child cry with pain ; and parents fail to recognise that an infected mouth may be the cause of many other troubles, such as gastritis, anæmia, or suppurating lymphatic glands. Most parents when their attention is drawn to the filthy condition of their child's mouth say, "Well, he's only shelling his teeth." Dental disease in the temporary teeth often predisposes to permanent dental trouble.

The *causes* of decaying teeth may shortly be classified as follows :—

a. Improper feeding of young children. Infants who have cut their teeth need hard food to chew, in order properly to develop the jaws. The feeding on pap and soft foods is very prejudicial, not only to the shape of the mouth, but also to the teeth themselves.

b. Lack of the tooth brush. It is the exception rather than the rule for children to be in the habit of brushing their teeth. Clean teeth do not decay. Dirty teeth, between which the food has collected and decomposed, become rapidly diseased.

c. *Certain illnesses*, such as rickets, predispose to dental caries.

d. *Sweet eating* in excess certainly affects the teeth badly. It is a very common practice for a child to be put to sleep with a sweet in its mouth. The sugar of the sweet is easily converted into an acid by a process of fermentation, and this acid eats away the protective enamel of the teeth.

The prevention of dental caries is again one of those matters in which the intelligent help of the parent is necessary, and resolves itself into the proper feeding of children (including the prohibition of excess of sweetstuffs), and the use of a toothbrush night and morning. Part of an apple eaten at night cleanses the mouth admirably, and stimulates the flow of saliva, which by reason of its alkaline nature does not attack the dental enamel, and neutralises any acids which may be produced by decomposing food.

No doubt in the course of years the educative value of the School Treatment Centres will make itself felt in advocating the advantages of a clean mouth; but, necessarily, owing to the popular prejudice and neglect, any anticipated improvement will be slow.

A short Report of the School Dental Surgeon appears in the section dealing with the Treatment of School Children.

Enlarged lymphatic glands. Out of 1,224 children seen by the Medical Officer during the year, 126 were suffering from marked enlargement of the lymphatic glands in the neck. Such conditions were caused by (1) defective teeth, (2) enlarged tonsils, and (3) sores about the head or face. Sometimes these glands become secondarily the seat of tuberculosis. Generally, if effective means are taken to remedy the causes of the enlargement, these glands again become normal in size. Details of these glandular enlargements are given in Table C.

Tuberculosis. Out of 1,224 Entrants and Leavers inspected during last year it was discovered that 13 were suffering from Tuberculosis. (Tables C, H, M,). And out of 222 specials examined, 23 were found to Tubercular.

The cases can be classified as follows:—

	Routine Inspection.	Specials.	Totals.
Lung Tuberculosis ...	10	23	33
Other kinds of Tuberculosis	3	—	3
Totals ...	13	23	36

In addition to these numbers, 53 children were considered to be pre-tubercular, or to show the stigmata of Tuberculosis. The age-distribution of Tuberculosis and pre-tubercular conditions is given in Table L.

Tuberculosis in school children is most frequently acquired from consumptive persons in the houses where the children are living. Consumption is a slowly-infectious disease, and a child exposed continuously to the possibility of infection at home is almost certain to contract the disease. If the father or mother of a child is tuberculous, probably the home conditions are not satisfactory; there may be actual want owing to the decreased capacity of the breadwinner, or the house may become dirty and unwholesome because the mother is too ill to undertake her housework. So the child's health becomes undermined through insanitary surroundings or lack of nourishment, and he is only too likely to acquire the infection which is present in the house. A "family history" of recent consumption was given in 18 out of the 36 cases: this family history obtained does not mean that Tuberculosis is inherited, but it does infer that the child has every opportunity of becoming infected at home with the disease.

In arriving at a diagnosis in cases of early Tuberculosis the School Medical Officer lays great stress upon the value of detecting any slight alteration in the breath sounds, such for example, as "cog-wheel breathing" or a prolonged expiratory murmur. To wait until cavitation (or even moist sounds) occurs in the lungs is to wait too long. The disease must be detected at the earliest possible moment, in order that repair to the damaged lung tissue may be begun before that damage has proceeded too far. Tuberculin reactions have not been used in any cases for diagnostic purposes.

Because the great importance of early diagnosis and treatment is appreciated, the Medical Officer has undertaken the frequent examination of *Pre-Tubercular children.* Such children may be described as those, who, without showing any definite lung trouble, yet have some or all of the Stigmata of Consumption—the narrow chest, signs of malnutrition, long lashes, delicate complexion, and fluffy hair growing upon the body and spreading down from the scalp over the forehead. These pre-tubercular children come once every month or every three months, regularly, for weighing and chest examination. Their condition is explained to their parents, who are urged to take all possible means to prevent the actual signs of Consumption from appearing.

During the year, several pre-tubercular children were sent by the Poole Guild of Help to a cottage in the country. Each child went for at least a month, some for longer. All returned to the School Clinic for examination, and each child was found to have improved in health and to have gained in weight in consequence of the country holiday. Extracts from a Report on the desirability of a Cottage Home for Tubercular and pre-tubercular children is found in the Appendix: this Report was presented in July to the Poole Guild of Help, but, owing to the war, it has not as yet been considered.

The *Prevention of Tuberculosis* among school children can be considered shortly under five headings;—

a. The Teaching of Parents. Probably, owing to the reiterated insistance upon the importance of fresh air and good food, parents, who attend the School Clinic with their consumptive children, are beginning to appreciate the benefits of these first essentials in combating Tuberculosis.

b. General Sanitary measures, such as the improvement of housing conditions, the isolation of advanced cases of Consumption and the disinfection of infected premises, need no further mention here.

c. Cottage Homes in the country. (See Appendix).

d. Open-air Schools and Camps. There is no Open-air School in the Borough, but classes are often held out of doors. The admirable spread of the Boy Scout Organisation has done much to improve the health and vigour of the fathers of the next generation. Camps might well be organised on a School basis, and would be of great benefit to the children, who otherwise in the summer would spend their holidays in the dusty streets. It may here conveniently be stated that, although the open sea borders the southern boundary of the district, the distance between the sea-side and the inland parts of the Borough is too great to allow the younger children to spend their holidays in playing on the shore.

e. Free Meals for School children. Perhaps the best way to prevent a child from becoming Tuberculous is to ensure that the child is properly fed. Later in this Report the debatable question of the Feeding of School children is discussed at greater length.

Heart Disease and Rheumatism. Out of 1,224 children examined during the year it was discovered that 21 were suffering from organic disease of the heart. Except in one case, where the child had acute pericarditis, the hearts had in all instances accommodated themselves to the altered conditions of their valves, were working well, and were properly compensated.

Several cases showed some functional disturbance of a temporary nature. Many others, giving the history of having a weak heart or of suffering from heart disease, presented themselves for examination; but careful investigation did not reveal any evidence of recent or past disease. There may perhaps have been cases of functional heart disturbance from which the children had recovered.

The association between acute Rheumatism (or so called Rheumatic Fever) and heart disease is close. Children suffering from rheumatism, whether it be acute or sub-acute, are very likely indeed to develop subsequent heart trouble. No case of acute rheumatism came under the observation of the Medical Officer during the year, nor was any case of sub-acute rheumatism brought to his notice. Parents are inclined to disregard the slight sore throat and "growing pains" which are often the only outward signs of this illness, and the consequence of this neglect is that their children later show definite signs of heart damage.

Enlargement of Thyroid Gland. Of this condition 12 cases were noted during the year. The enlargement was very obvious in each instance and seemed to have no relation to puberty. Nor did any of the cases show the least sign of Graves Disease. The etiology of the condition is uncertain.

Epileptic Children. No case of this terrible disease came before the School Medical Officer during the year. The reason may be that the worst cases are either not sent to the Elementary Schools or else have been sent away out of the Borough for institutional treatment. Several cases (12) of nocturnal eneuresis, of which a certain proportion might have been due to minor epilepsy, came for advice to the School Clinic, or were discovered among children who were admitted to the Alderney Heath Isolation Hospital.

Previous Illnesses. Out of the 1,224 children examined, returns stating the previous illnesses were received from the parents in 1,017 instances. It will be seen on referring to Table N that 202 children had never suffered from the common infectious diseases of childhood. Nearly 70 % of entrants, and over 90 % of Leavers had previously contracted Measles. The relative incidence of other common infectious diseases is also shown in this Table.

A Review of the Methods Employed for Treatment.

SCHOOL CLINIC.

The treatment of School Children in the Borough is undertaken by the Council in respect to Defective Vision, Dental Defects in children aged 6 to 8 years, and Minor Ailments.

Children with Defective Vision are treated by the School Ophthalmic Surgeon, who attends for two hours at the Poole Hospital every Wednesday morning. 123 children have received treatment since July.

Children aged 6—8 with Defective Teeth are treated by the three School Dental Surgeons, who attend for two hours at the Poole Hospital every Saturday morning. 150 children have received treatment since October.

Children suffering for Minor Ailments are treated by the School Medical Officer, who attends at the Municipal Buildings, Poole, at 10 a.m., and once a week, on Tuesday afternoon, at the Council Buildings in Branksome at 2 p.m. 1,941 children have received treatment since February.

Minor Ailments. Children are sent to the Treatment Centres at Poole and Branksome by :—

1. The School Teachers.
2. The Attendance Officers.
3. The School Nurse.
4. The Children's Parents.
5. The School Medical Officer.

The number of children who present themselves for treatment, consultation or advice is increasing, and it can justly be said that the School Clinic is popular among the parents of school children. They now bring their children in increasing numbers for the cure of minor ailments, which formerly were never treated ; and, not only do parents bring children of school age, but also those too young to attend school. Something like a " health conscience " is developing in parents, who, of old, seemed lacking in all feeling of their responsibility towards their children ; and the welcome with which the

Minor Ailment Clinic has been received has shown that it supplies a long-felt want.

At the Poole Treatment Centre no less than 1,252 children have come since February for treatment, and, as many of these children were seen more than once, the number of consultations totalled 2,295, giving an average of 1·8 consultations per child.

At the Branksome Treatment Centre 689 children presented themselves for treatment, and the number of consultations totalled 1,082, giving an average of 1·7 consultations per child.

Taking the Borough as a whole, 1,941 children have come to the Minor Ailment Clinics for treatment or advice, and these have occasioned no less than 3.377 consultations. (Table O.).

Obviously, this work occupies much of the time of the School Nurse and of the School Medical Officer.

The School Nurse attends at the Treatment Centres, and carries out the treatment under the direction of the Medical Officer. Since February the School Nurse has spent 959 hours in working at the Centres.

Accommodation. A Waiting Room and a Consulting Room are provided in the Poole Municipal Buildings. Both these rooms are small, badly lighted and inadequately ventilated. The Waiting Room is cold, and there is no means of heating it. No sanitary accommodation has been provided. At Branksome, however, the arrangements are satisfactory, the waiting room and consulting room are large, airy, and provided with fire places and sanitary accommodation.

Conditions Treated. At the Minor Ailment Clinics the following come under treatment:—Impetigo, Scabies, Ringworm and other skin affections; Verminous conditions; External Eye diseases; Discharging ears; decayed teeth (in children over eight years of age); Tuberculosis; Slight injuries and other minor ailments. Details of the work of the Minor Ailment Treatment Centres are given in Table O.

Impetigo occupied much of the time and attention of the School Medical Officer at the treatment centres. Six hundred and twenty children with this disease came for treatment. These were seen by the Medical Officer 1,132 times, and, in addition, the School Nurse saw these children and dressed their sores on 1,576 occasions. The treatment given consisted of the application of white precipitate ointment to the sores after the crusts or scabs had been removed. It was found that in certain chronic cases the application of a 4 % Iodine solution or of Silver Nitrate was successful in effecting a rapid cure.

With the co-operation of the parents, Impetigo is readily cured in a few days' time. Unfortunately, in many instances, it was not possible to rely upon the parent's aid, and so home treatment could not be undertaken. In these cases the child attended the Clinic every morning for treatment: in other cases, where the intelligent co-operation of the parent was secured, a box of ointment was given for treatment at home.

It may here be desirable to state the routine followed at the clinics not only in cases of Impetigo, but also in other cases of infectious disease, regarding the exclusion of a child from school. A certificate was given to the child or its parent, stating the nature of the illness and the period of exclusion. This certificate was taken or sent to the School Teacher. A daily list was sent to the Attendance Officer, giving the names of the children excluded from the various schools and the period of such exclusion. Before the child was allowed to return to school, another certificate was obtained from the Medical Officer, stating that the child was in a fit condition to return. This procedure was followed in all infectious cases, which came to the School Treatment Centres.

Scabies is not a common disease in the Borough. Only six children were seen with this complaint. They attended twelve times.

Ringworm. 21 children with Ringworm of the scalp and 71 with Ringworm of the body came for treatment. They were seen 257 times.

The treatment given for Scalp Ringworm is as follows:—The parent is told to shave the head of the child and to apply Mercury Iodide ointment until the scalp shows signs of inflammation. The head must not be washed, but should be cleaned once a week with petrol. In mild and discrete cases this treatment is often quickly successful. In the different forms of Scalp Ringworm progress is often slow and disheartening. The X Ray treatment is the only rapid and satisfactory way of curing this disease.

Ringworm of the body is treated by the application of 4 % Iodine solution, and the cure is rapid, one or two applications of the Iodine being sufficient to kill the parasite of the disease.

Verminous Condition. 37 children suffering from Vermin, came to the Treatment centres, and were seen 79 times. Although no actual treatment was administered, full directions were given to the parents. Reference has already been made at length to this filthy condition.

External Eye Diseases. 25 children with Blepharitis, and 11 with Phlyctenular or Corneal Ulcer, came to the Treatment centres during the year, and were seen 87 times. The treatment of Blepharitis, consisted in the use of Yellow Oxide of Mercury Ointment, or in the application of Nitrate of Silver. The cases of Phlyctenular or Corneal Ulcer were treated by the above mentioned Ointment or by Atropine Ointment.

Discharging Ears. 17 cases of children with Otorrhœa came for treatment. Parents in all instances were advised to use ear drops for the cure of this condition, the drops consisting of equal parts of Methylated Spirit and Water. In all cases which visited the Clinics a second time, very marked improvement was reported by the parents. This form of medication has the advantage of being not only effective, but also cheap.

Decayed Teeth. 81 children over eight years of age came to the Clinics complaining of toothache. The carious tooth or teeth were extracted in each instance.

Tuberculosis. 89 children who were Tubercular or Pre-tubercular came to the Treatment Centres for advice, and made altogether 152 visits. Certain of these children came at fixed intervals for re-examination, and some were sent on to the County Tuberculosis Dispensory for treatment. Full directions regarding the value of fresh air and nourishing food were given to the parents, and they were warned against the dangers of infection. When necessary, the house where the child lived was visited and disinfected by the Officers of the Health Authority. Reference has already been made to the subject of Tuberculosis among School children.

Injuries. 67 children with minor injuries made 72 visits to the Treatment Centres. These injuries consisted chiefly of cuts on the hands and feet and call for no further mention.

Other Conditions. 829 children suffering from a variety of complaints, real or imaginary, made 1,534 visits to the School Clinics. These numbers include cases of sore throat, various rashes, abdominal pains, vomiting, diarrhœa, nose bleeding, pains in limbs, rectal polypus, enlarged lymphatic glands, worms, and other conditions. These numbers also include children, who, after an infectious disease, were re-examined before return to school; aud also those cases whose parents said that the child "had a weak heart," or had "nervous debility," or was "overworked at school and talked in her sleep": most of this latter class of case showed on investigation that the child was perfectly healthy, but was needed at home by the mother to help in the house work or look after the baby.

Defective Vision. Children, whose vision in either eye was worse than $\frac{6}{9}$ths, were sent to the Poole Hospital on Wednesday mornings to see the School Ophthalmic Surgeon, Mr. Francis Buckland. The arrangements are under the control of the School Medical Officer, a room in the out-patient department is reserved for the school children, and a nurse from the hospital staff is in attendance. Up to the present these arrangements have worked satisfactorily.

146 children were sent between July 8th and the end of December to the School Oculist. (The scheme for the treatment of Visual Defects did not come into working order until the earlier of these two dates). Out of the number of children sent to the Oculist, 123 presented themselves to him for examination. Of these, 107 were found to have defective vision, and he recommended 96 children for glasses. Two other children, who probably needed glasses, failed to come to him for re-examination.

> Mr. Buckland writes:—"The balance between (the figures above) 107 and 123 is made up of various cases; *e.g.* a few Emmetropes with Squint, mostly very young infants—for these glasses are useless and undesirable; a few who might do better (malingering?) being emmetropic; one or

> two with debility and not at their best; one with congenital epicanthus of eyelids, and so forth." He continues, "I consider the number of Squinters (sixteen) is high. Such are unsatisfactory cases, for, assuming that the eyes be put straight, it does not follow that the vision is going to improve. Taking a general view of the refraction cases, these seem to be about the average in visual acuity; if anything, slightly below average."

Spectacles are provided free of cost for all children whom the School Ophthalmic Surgeon considers are in need of them.

Dental Treatment. Three part-time School Dental Surgeons inspect the teeth and undertake the treatment of Dental Defects of children aged 6—8 years. Mr. L. B. Myers does the work of inspection, and he is helped in the treatment by Mr. H. S. Crapper and Mr. R. G. S. Holmes.

Since June when the arrangements for the Dental Clinic were completed, the School Dental Surgeons have inspected 1,537 children aged 6—8 years. Only 347 of these children had good teeth. 642 had less than 4 defective teeth. 548 children had more than 4 defective teeth. It was discovered that 3,962 extractions of teeth were desirable, and that 284 fillings were required.

This work of inspection occupied July, September, and part of October. The work of treatment began in this latter month. A room has been set aside in the Out-patient Department of the Poole Hospital, and a School Dentist together with a nurse from the hospital staff attends for two hours every Saturday morning.

The parents of 280 children received notices to take their children for dental treatment to the School Dentists; but only 150 availed themselves of the offer. Among these 150 children, 317 extractions were done and 4 fillings performed. Compared with the vast amount of treatment which is required these figures are insignificant.

The School Dental Surgeons report as follows:—

> "Our examination of the School Children started on June 29th, 1914, and was continued twice a week during the school time. Fourteen schools have been visited, and, with few exceptions, all children between the ages of six and eight years have been seen.
>
> You will see by the enclosed Schedule the work done. (These figures are reproduced above). This is very small in proportion to that required. This is due to the small amount of time allowed, namely, two hours each

Saturday morning during school term; and also to the number of parents who do not send their children when they receive the notice to attend.

We have attended 12 Saturdays at the hospital. 280 children have been notified for treatment, and out of this number only 150 have attended.

The number of teeth filled is small, for the simple reason that those requiring fillings have not yet passed through our hands.

There is no doubt that the work cannot possibly be done in the time allowed, and at least four mornings of 3 hours each should be given for the work.

The School children should be instructed in the uses and advantages of the tooth brush.

It will be necessary to give some of the children Gas for extractions; as it would not be fair to them to extract some of the very bad second teeth without an anæsthetic.

We should like to put on record the courtesy we have received from the School Teachers when we have visited the Schools; in fact, had it not been for their help, the time spent in examination must have been very much greater. Likewise the help we have received from the Nurses at the Poole Hospital has been a great boon both to the children and to the Dentists.

(Signed) LANCE B. MYERS,
H. S. CRAPPER,
R. G. STUART HOLMES,

December 29th, 1914. Dental Surgeons.

The above Report makes clear the difficulties under which the School Dental Surgeons are doing their admirable work. The reluctance of parents to send their children for treatment can only be remedied by diligent "following up," and, if necessary, by prosecutions of selected cases under the Children Act. The question of the insufficiency of the time allowed, only 2 hours a week, is of more importance. Taking the School year as 44 weeks, the Dentists would be able only to work 88 hours at the Hospital; but only one Dental Surgeon can work at a time, since the accommodation and instruments allow of no more. In 88 hours it would be possible to perform about 300 fillings and nearly that number are required—thus leaving no time at all in the School year for the extraction of nearly 4,000 carious teeth which need removal. The only possible remedy is the extension of time as suggested in the Dentists' Report. Such extension of time is hardly possible at the Poole Hospital, as the Out-patient Department is in use on other days. A remedy would be found in using the Minor Ailment Treatment Centres and obtaining duplicate stocks of dental instruments [for use at each. The Dental Surgeons rightly insist on the importance of Gas administration, and this matter is at present under the consideration of the Education Committee.

Enlarged Tonsils and Adenoids. The parents of children with these complaints are urged to obtain an Out-patient's letter and obtain treatment at the Poole Hospital. Out of 199 children found with these conditions, 53 received treatment at this Hospital, and this arrangement has been found fairly satisfactory. Unfortunately, the Hospital Medical Staff has objected to treating these cases, although the extra work involved is obviously not very great when spread over fifty-two weeks; and so the Education Authority has been informed that the Hospital will no longer undertake the treatment of Tonsils and Adenoids in School children, despite the fact that the children have obtained a Subscriber's letter! This matter is at present under the consideration of the Education Committee.

Malingerers. The School Medical Officer has always to be on the watch for cases of children, who sham illness in order to escape from school, either for their own satisfaction or at the commands of their parents. The following instances are typical :—

a. The Headmaster of one of the Schools heard the boys discussing how Impetigo might be spread by scratching an infected sore and then excoriating some other part of the face.

b. A girl with Impetigo made 3s. a week by looking after a baby. Her disease (Impetigo) which ought to have been well in a week took many weeks to heal.

c. A boy with a small phlyctenular ulcer declared that his eye was very painful; and it was his habit to come regularly to the School Clinic during several weeks, although he was told he might attend school.

d. Another frequently appeared complaining of pains in the chest, He was a pre-tubercular case, but very careful examination showed the absence of physical signs of disease. He admitted that he preferred to spend his day at the School Clinic rather than to attend School.

e. Many malingerers have complained of sore throat, and they were successful during the autumn when the Borough seemed to be threatened with an outbreak of diphtheria. The children — boys

> especially—came to know that, if they came to the Clinic complaining of sore throat and sickness, a swab would be taken and they would be excluded until the result of it was known. Many of these intelligent children were not swabbed, and were disappointed at receiving no holiday.

The treatment of these children who malinger is one of some difficulty, and increases the responsibilities and work of the Medical Officer. Generally, however, the malingerers have not been successful in their efforts. The application of caustic to the sores of the Impetigo enthusiast, cures him of his desire to contract a fresh outbreak for similar treatment. The other cases have generally been referred to the School Attendance Officers.

Bacteriology and the School Clinic. Advantage is taken of the help given by Bacteriology in arriving at accurate diagnoses of the cases of children attending the Treatment Centres. During the year the School Nurse took nearly 300 swabs from the throats and noses of children, who had some of the symptoms of Diphtheria or who had been in contact with a case of the disease. Until the result of the swab was attained the suspected child was, in each case, excluded from school. Twenty-one specimens of hair from cases of ringworm were also submitted to microscopic examination. With the advent of a Municipal Laboratory it is expected that the number of specimens submitted from the Clinics for examination will be largely increased.

General Review of Home Conditions and Employment.

Home Conditions. Already in Part I. of this Report sufficient reference has been made to the Sanitary Circumstances of the Borough, and the question of the occupation and employment of the inhabitants and their housing conditions has been discussed.

In certain cases throughout the year, where it was suspected that the home conditions of a child were unsatisfactory, one of the Sanitary Inspectors or the School Nurse, or the Inspector of the Royal Society of the Prevention of Cruelty to Children visited the homes and took suitable action regarding the circumstances found there.

Employment. During the Routine Inspection of the older children it was discovered that 71 boys were employed out of school hours. Details of their employment are given in Tables P and Q. It has been found possible in Table P to classify certain of these children in age groups according to their employments and wages.

It can be definitely said that the employment of children during school life is detrimental to their mentality and physique. A boy, for example, who has worked for several hours on a milk round before going to school will not be fresh for his school work. The hours of sleep in employed boys must necessarily be curtailed, and the carrying of heavy weights or exposure to bad weather can only undermine their constitutions. Table R has been prepared showing the average heights and weights of working lads, compared with those in age groups of other children in the Borough. Unfortunately this comparison is of little value, since those who go out to work are the strong and healthy children: in other words, the working lads are picked lives, and, therefore, compare favourably with the average. The rate of physical progress of each lad would be a more sure guide in estimating the harm done by employment during school life, and it would be found that the rate of development of the employed lads was slower than that of the non-employed.

Bye-laws governing the hours of occupation for children have been framed by the Council, but have not yet received the sanction of the Home Office.

There is no Juvenile Labour Bureau in the Borough, and the Education (Choice of Employment) Act, 1910, is not in force.

It would be of great advantage if the School Medical Officer were to be the Certifying Factory Surgeon. He would, from his knowledge of the Leavers, be able to say whether or not a lad was fit for certain factory employment, and so prevent a lad from engaging in any trade for which physically he was unfitted.

The formation of a Juvenile Labour Bureau is also desirable. The prevention of boys from entering "blind alley" occupations is secured; and the result of the Medical Inspection, which could be utilised at the Bureau, would prevent children from engaging in employment for which they were unsuited: thus the Tuberculous or Pre-tubercular child would not be encouraged to take up an indoor employment, and the child with defective vision would not undertake work where much strain upon the eyesight was entailed.

Action taken to detect and prevent spread of Infection in the Schools.

Reference has already been made to this subject, but it will be well here shortly to recapitulate the action taken. By visits to the Schools, the Medical Officer and Nurse are able to detect infective skin conditions; and School Teachers and parents often bring their children to the Treatment Centres, if they suspect that the child may have an infectious disease. The swabbing of contacts has already been mentioned in Part I of this Report.

If a case of infectious disease is notified, an Inspector at once visits the house, and, in the case of Diphtheria, the Nurse also visits and swabs contacts. A notice is sent both to the house and to the School, saying that no children from the infected house may attend School until permission in writing has been obtained from the School Medical Officer. If the child is removed to Hospital another notice is sent in duplicate a fortnight later, stating that the other children, if they appear to be well, may go back to School. On the back of all these four notices a short description of the signs and symptoms of the disease is printed. A fortnight after the return from Hospital of the sick child, another notice is sent in duplicate, saying that he may return to school again.

In the event of any serious School epidemic, all the energies of the Staff of the Health Department would be focussed in stamping it out; and the Borough Laboratory will now render possible the examination of Swabs from an entire School, if the necessity should arise.

A spot map is kept at the Office, showing the distribution of infective diseases in relation to School areas.

The School Teachers and Attendance Officers render assistance in giving information of supposed infectious disease; and it has been impressed upon them how important it is to send such information at the earliest possible date, so that the epidemic spread of the disease may be prevented. Details of the cases notified by Teachers are given in Tables T and U.

It will be seen by comparing Table T (notifications from Teachers), with Table S, which shows loss of Grant from infectious diseases, that the system of notification, although valuable, is by no means complete. Not every case of infectious disease occurring in a School is notified by the Teacher to the School Medical Officer; but it is hoped that during the present year this notification may be more comprehensive and complete.

Table S gives the Loss of Grant, classified according to Diseases and Schools, which has been caused by Infectious Diseases during the year. The Grant is worked out to the nearest £1, and the figures of absences include those of children who were excluded because they had been in contact with infectious persons.

Special Schools and Mental Deficiency.

Seven defective children are maintained by the Education Authority in special schools. Two of these children are blind, three are deaf and dumb, and two children are mentally defective.

During the year considerable attention has been given to the question of Mentally Defective children, in consequence of the passing of the Mental Deficiency Act, 1913, which Act placed certain duties upon the Education Authority as follows :—

> 1. To ascertain the existence of mental defect of such a kind or degree as to justify the diagnosis of feeble-mindedness, imbecility or idiocy.
>
> 2. To determine whether a child diagnosed as feeble-minded, is, or is not capable of benefiting from Education in a special School.
>
> 3. To notify certain cases to the Local Authority under the Act (in the case of this Borough, the Local Authority is the County Council).

It will be observed that the defiinite duty was put upon the Education Committee of finding out cases of Mentally Defective children, and of enquiring into these.

In order to fulfil this duty the Education Authority adopted in full the Model Arrangements suggested by the Board of Education, and the School Medical Officer was requested to see that these Model Arrangements, as far as they affected the Borough, were put into action. Forms were therefore sent from the School Medical Officer's Department to the Teachers of the various Schools, and to the Attendance Officers, and the names of the suspected Mentally Defective children were entered on these forms and returned to the Medical Officer.

The names of 51 children were returned, and these children were examined during the year under review. It was found that 9 children were normal. and were able to benefit from instruction in an ordinary Elementary School; that 30 children were slightly feeble-minded, and, although unable to benefit from instruction in an ordinary School, yet they would benefit from teaching in a Special Class; and finally, 12 children were found who were markedly Mentally Defective, but who were likely to benefit from instruction in a Special Residential School. No children were found, who were so imbecile as to appear unlikely to benefit by Special School instruction. Details of these children, arranged according to age and sex, are given in Table W.

During and previous to the year 1914, the Education Committee had the power, but not the obligation, of providing for these mentally defective children under the Elementary Education (Defective and Epileptic Children) Act, 1899.

Under an Act of the same name passed in 1914, which came into operation on January 1st, 1915, the principal Act has been modified, so that now an obligation to provide education for these children rests upon the the Local Authority. By the first section of the Elementary Education (Defective and Epileptic Children) Act, 1914, section 2 (1) of the older Act is altered, and now reads as follows :—

> "Where a Local Education Authority have ascertained that there are in their district defective children, they may, and in the case of mentally defective children whose age exceeds seven years, shall, make provision for the education of such children."

This new Act will probably entail the sending of twelve children to a special Residential School, and the formation in the Borough of special classes for the less seriously defective children.

Dull or Backward Children. The nine children referred to above, who were not found to be mentally deficient, belong to the class of dull or backward children of whom there are many in the schools. This class of child is a perpetual trouble to the School teacher, the work of the school is hindered, and, despite all efforts, the dull child remains at the bottom of the class. The border line between a dull child and a slightly deficient one is indeterminable, and, in making provision for the institution of special classes, it would be well to include the dull or backward children in these. Further specialisation or grading can take place in the class itself. Probably it will be necessary to have at least two Special Classes for dull and slightly defective children, one class at either end of the Borough; and in the opinion of the Medical Officer, such classes would advantageously be on open-air lines.

Although Mental Deficiency is due in a great part to prenatal and other causes, which are at present irremediable, yet the well-being of a child's brain, and its output of brain power and intelligence are certainly influenced by the condition of the child's environment. A bad home, malnutrition, physical defects such as defective vision and adenoids, employment out of school hours and irregular school attendance, all tend to make a child stupid; and it is easy to believe that a child who is merely backward, might become actually mentally defective, owing to the adverse circumstances of its environment.

Hygiene, Mothercraft, etc.

While it is very desirable that classes in Practical Health Subjects and Domestic Hygiene should be given in all the Schools to the elder children, yet much can be done in insisting upon the principles of Health by means of practical example. The proper ventilation and sanitation, and the cleanliness of the School buildings form excellent practical lessons for children; again, the fact that Teachers demand cleanliness in the persons of their scholars, impresses upon the children the evils of dirt and vermin, more than any amount of Lecturing would do. Finally, the School Medical Service with its frequent routine and class-to-class inspections, followed as these are by adequate treatment, brings home to the children many practical Health Lessons, of which the remembrance will remain long after they have left School.

Classes in Mothercraft are given in several Schools to the older girls. The importance of this teaching cannot be overestimated. Many of the children who receive this instruction often act as nurse-maid to their baby brothers and sisters, and the health of these little children can only be improved by the instruction of the older girls. Again, the lessons learnt at School in practical Mothercraft will have a gradually increasing influence on lowering the infantile mortality-rate of the next generation. The older girls thoroughly appreciate these classes, and their extension is to be advocated. Classes in sewing, knitting and the making of simple garments form part of the curriculum in the Girls' Schools.

An admirable Cooking Class is held in the Borough, and 360 of the older girls received practical cooking instruction during the year. No one will underestimate the importance of this education, which will do so much in the future to ameliorate the conditions of home life.

Classes in handicraft for boys are held at certain of the Schools; and two of the Schools have classes in practical gardening, with an attendance of 84 boys. It is not difficult to appreciate the practical utility of such instruction, and its extension is desirable.

Both during term time and also in the holidays an organisation for boys exists, which is doing very great good, both to the health and character of the rising generation. The Boy Scouts' organisation is gradually inculcating, into somewhat unpromising material, what might almost be termed the Public School Spirit. The discipline and training in observation quicken a boy's mentality, and the days spent in the fresh air or under canvas greatly improve the health and well-being of those boys who are fortunate enough to be Scouts.

The Feeding of School Children.

Children attending the Public Elementary Schools in the Borough are not, and never have been, given meals by the Local Education Authority.

The Education Authority have power under the Education (Provision of Meals) Act, 1906, to spend money on providing school meals up to a half-penny rate; this limitation as to the amount to be spent was removed by the Education (Provision of Meals) Act, 1914, which gave sanction also to the feeding of children during the school holidays and other times when the schools are not open.

Tables B and C, however, show that, on the whole, the nutrition of School Children in the Borough of Poole is good, and above the average for that of England and Wales. Table C, however, shows that there are certain children in the Borough, who are at the present time in a state of malnutrition. The causes of malnutrition in children have already been considered in some detail, but it is safe to assert that those children, who were found to be badly nourished, would be benefited by being fed at the school.

The question of the feeding of school children came up for consideration by the Education Committee and by the Mayor's War Committee during August and September, and the matter was referred by them to the Children's Aid Association (a Charitable Organisation without funds). The Children's Aid Association drafted a scheme for the feeding of school children, and expressed themselves as willing to work this scheme, if necessity arose, and if the necessary money was forthcoming. No exceptional distress occurred in the Borough during the latter part of 1914, and so this feeding scheme of the Children's Aid Association has not been put into practice.

The arguments for and against the feeding of school children by the Local Education Authority may here be briefly stated.

It is claimed by those who favour the provision of meals that:—

1. The health and intelligence of the children is improved.
2. The meals have a definite educative value.
3. Well-fed children are less likely to contract diseases such as Consumption.

And it is stated by those who object to the provision of meals that:—

1. Home life would be "broken up."
2. The sense of "parental responsibility" would be lessened.
3. The meals cost money.

Probably, after all, the chief reason for the non-provision of meals is finally one of finance. The Local Education Authority, mercifully, was not established either to prevent the breaking up of homes, or to undertake the reformation or education of the dissolute parent. No one seriously believes that the cessation of school meals throughout England and Wales would restore the desired "solidarity of the family" to the casual or sweated labourer; and, if it be argued that the children should suffer to improve the moral character of their parents, an Education Committee may not unfairly retort, that it is elected primarily to attend to the welfare of the children, and that the wisdom of elevating parents at the cost of the rising generation is, at any rate, too problematical to justify the Committee in neglecting its own special duties.

The Chief Medical Officer of the Board of Education in his Report for 1913 writes as follows:—

"The evils of malnutrition in school children have been dealt with and emphasised in most of my earlier reports. I am not of course unaware that all measures in relief of these evils are accompanied by social and economic difficulties, and that at best they may to a large extent be regarded only as palliatives or temporary expedients to be used till improved conditions make them superfluous. But until a stage of national economic development is reached in which all parents are not only able to pay for what their children require in the way of food, rest, and medical care, but also are sufficiently instructed to know what to provide, the responsible authorities must make the best use they can of the instruments that lie in their hand . . ."

Schools for Mothers.

In the Borough of Poole there is at present working an admirable School for Mothers with three Branches, one at Poole, one at Branksome and a third at Parkstone.

This School for Mothers began in a small way about six years ago, and now there are no less than 246 Mothers upon its Register—namely, 111 at Poole, 51 at Branksome and 84 at Parkstone. Together, the total number of attendances equalled 4,488—namely, 2,160 at Poole, 716 at Branksome, and 1,612 at Parkstone.

This School for Mothers is not under the control of the Education Committee, but is supported by voluntary contributions through the Poole Guild of Help, an organisation which largely corelates the Charities of the Borough.

Although the Poole School for Mothers is not under the direction of the Local Education Committee, yet it has the approval of the Board of Education, and received Grant from the Board in 1914 of £135.

The School Medical Officer is a member of the Committee which controls the Poole School for Mothers, his advice is asked in all matters of importance, and he is in close touch with the work of the School. During the year under review he has delivered six lectures, and held three examinations at the various Branches, and the preparation of the School leaflets and cards is in his hands.

A whole-time Nurse is attached to the School. She spends her time in visiting and in teaching at the various Centres. This Nurse is also the Health Visitor for the purposes of the Notification of Births Act, and receives an honorarium of £10 a year from the Council for this work. She is assisted in her house-to-house visiting by an untrained lady, who is working for a Health Visitor's Examination.

Systematic classes are held at the three School Centres, and instruction is given in Hygiene, Sewing and Cooking. At the National Mothercraft Competition, held in Liverpool in 1914, one of the Centres took fourth place on the list, and gained two first prizes in Cookery and Needlework.

Mothers are helped and taught by the School both before and after their Confinements. Midwifery outfits are provided. Efforts have been made to provide dinners for expectant Mothers, but the success of these was not great, as the Mothers showed little inclination to profit by them.

It follows from what has been said, that a limited scheme of voluntary Notification of Pregnancy is in force among the mothers who are members of the School. The fact that the Nurse in charge knows that a mother is pregnant, enables her to give good advice and help at a time when it is most urgently needed; and owing to this, no doubt, cases of premature birth are less frequent, and the children are born more strong and healthy.

There is a Provident Club and a Day Nursery in connection with the School for Mothers.

The advantages to the Borough of this School for Mothers may briefly be summarised as follows:—

1. The number of premature births is reduced.
2. The children are born more healthy.
3. The Mother receives help and advice when she is most in need of it.
4. Mothers receive systematic instruction in matters of health.
5. Their sense of duty to their children is increased.
6. Infantile sickness and mortality is lessened.

It can only be hoped that, as years pass, the scope of these School Centres for Mothers will be extended, and that still larger numbers of mothers will become members. It seems possible that before long a fourth Centre will be opened at Newtown.

Infant Consultations. No account of the work done at the School for Mothers would be complete without reference to the Infant Consultations. Mothers bring their children under one year of age to be weighed and examined by a Physician once every fortnight, and they receive skilled advice regarding the condition of their infants. No less than 184 young children were brought to the Consultations during the year. Practitioners in the District and the School Medical Officer have assisted at these consultations, and, in cases of urgency, mothers are allowed to bring their Infants to the Minor Ailment Treatment Centres for advice. Seventeen parents availed themselves of this invitation during the summer.

At the Borough School for Mothers, it has been customary to give or sell for a small price to needy mothers, such things as feeding bottles, dried milk and Virol. Fresh milk is also given in certain cases to the mothers, and the sum of money spent in milk and medicine during the year exceeded £63.

The School Medical Officer is arranging to inspect twice a year at the Centres any children under school age, whom their mothers care to bring to him for examination. A simple card for note-taking, based on that used for the Elementary School children, has been devised, and already several of these young children have been inspected.

The following visits have been made during the year by the Nurse in charge of the School:—To the homes of newly-born infants, 343 visits and 1,786 re-visits; and to other houses where there are young children, 1,705 visits have been made.

The Care of Children under School Age.

Reference to the subject matter and Tables of this Report will show that a large number of children enter the schools at the ages of four or five, and show marked physical defects when they appear before the Medical Officer for Inspection.

From a Paper dealing with this subject, which was read by the School Medical Officer before the Royal Sanitary Institute at Blackpool last summer, the following extracts are given :—

> "There are three periods in life when an individual of the working classes is brought especially into contact with organisations interested in matters of health : (1) The under school age, more especially the first year of life ; (2) The school age ; (3) The Insurance Act age.
>
> During the first few months after birth, and even until it has reached the first birthday, the child of the working man is of interest to the medical officer of health, and in many places the subject of care by health visitors and others engaged in work among the poor ; but generally, after its first birthday, the child receives less and less notice, until, as an entrant at school, it is classified as physically unfit by the school medical officer, or until it contracts some notifiable disease which will bring it again under the observation of the medical officer of health or his inspectors. In some places organisations, municipal and otherwise, do admirable work among children aged from one to five years ; but, apart from efforts directed against infant mortality, the care of children under school age receives but little attention from the majority of public health authorities in England and Wales.
>
> The importance of public health work among young children cannot be denied in face of their relatively high mortality rates, and in view of the number of young children found defective early in their school life."

The causes of mortality and disease in young children are many, but can be roughly classified under the following headings :—

A. Pre-natal influences : (1) Poorness of stock ; (2) Inherited disease or tendency to disease ; (3) Causes leading to premature birth.

B. Post-natal influences : (1) Ignorance or indifference of parents ; (2) Poverty of parents ; (3) The later effects of neglected infantile condition ; (4) Insanitary surroundings ; (5) Infectious diseases and their sequelæ.

The prevention of these factors of sickness and death is in the hands of a variety of organisations, both public and private, but, judging from the large number of School Entrants still found defective, the care of young children under school age has not generally shown many favourable results. The following short classification shows the organisation, which at present can influence favourably the health of young children :—

A. The Public Health Authority, in the following ways: (1) By the work of health visitors; (2) Schools for mothers (before and after childbirth); (3) Milk depots and crêches; (4) By enforcement of the Public Health Acts, the Housing, Midwives, Children, and Factory Acts.

B. The Poor Law Authority: (1) Indoor and outdoor relief; (2) Vaccination,

C. Unofficial Charity, in the following ways: (1) Individual visiting; (2) Children's Aid Associations and similar bodies; (3) Schools for mothers; (4) Crêches; (5) Help to pregnant women by factory owners and others.

In the Paper referred to above certain suggested remedies were discussed, and stress was laid on the practical value of increasing the scope of Schools for Mothers and Infant Consultations, so as to bring in all children too young to attend school. The value of Schools for Mothers in lessening the incidence of infective diseases was also emphasized, as follows :—

"Mothers' welcomes and schools and the teaching of elementary hygiene to the masses, will do much to remedy the terrible mortality from such diseases as diarrhœa, measles, and whooping cough. Although notification of these diseases, at any rate of the two latter, would do little to check the incidence, yet if such notification were followed by visiting and medical attention, the mortality would be considerably lessened. In regard to these three diseases, hospital treatment might well be provided, again only with the object of lessening the case-mortality. Such infectious conditions as impetigo, scabies, and ringworm would soon cease to be common, if the extension of schools for mothers and of health visiting was secured."

The whole question of the Care of Children under school age is one which should be of great interest to the Education Authority, since early treatment is desirable in every disease; and given this early treatment, young children will in future be healthy when they enter the schools, and not, as is so often now the case, sickly and unable to make good attendances.

The Children's Aid Association.

The Children's Aid Association was founded in the Borough about three years ago with the object of helping children and of enforcing the Children Act, 1908. During the year the Association has done much good work in an unobtrusive way.

The School Teachers refer cases to the Children's Aid Association, and these are visited and help and advice given when necessary.

The School Medical Officer is on the Council of the Association, and attends meetings of the Executive Committee.

During the year the Association has considered the question of finding employment for Poor Law illegitimate children, and has been in communication with the Guardians on this subject. Also directions regarding feeding have been drawn up and printed on cards, for distribution in certain homes where the parents do not attend the School for Mothers.

In the spring a meeting was held on the subject of Juvenile Employment, and a resolution was passed and sent to the Education Committee, asking the Committee to exercise its powers under the Choice of Employment Act. Another large meeting was held in July, at which the Secretary of the National Association for the Mentally Defective spoke on the subject of the increase in Mental Deficiency.

The question for the desirability for Bye-laws regulating the Employment of Children has also come up for discussion.

Boarded out Poor Law children are visited, and matters respecting their welfare are brought before the Executive Committee.

A scheme for the feeding of School Children, to which reference has already been made, was prepared in the early days of the War, but was not put into action.

A sub-committee of the Children's Aid Association exists for the purpose of finding suitable employment for children on leaving school. The Sub-committee is worked in a business-like way, but unfortunately, the teachers of the Schools, and the employers of labour, fail to take full advantage of the facilities that it offers.

Letters were sent to all the chief employers of labour in the Borough, asking :—

(*a*) Age of child employed.
(*b*) Wages.
(*c*) Prospects of advancement.

Printed forms were also sent to the Head teachers of the various schools to be filled in and sent to the Secretary, when a boy or girl leaving school has no employment, and asking for the following particulars :—

Name. Age. Address.
Standard on leaving. Special ability. Character. Parental effort.
Head Teacher's recommendation. Present employment—if any.

Various Meetings of the Sub-Committee have been held during the past year, and good work has been done.

The work of the Children's Aid Association, both in directing public opinion and in caring for the children, is worthy of all praise.

List of Tables.

A. Statistics of School Accommodation and Attendance.
B. Average Heights and Weights of Children examined.
C. Physical Conditions of Entrants and Leavers.
D. Defects in relation to which directions were given for Treatment.
E. The "Following up" of certain cases.
F. Average Heights and Weights of Entrants.
G. ,, ,, ,, ,, Leavers.
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J. Cleanliness of Children.
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M. Tuberculosis in School Children.
N. History of Previous Infectious Disease.
O. Work done at Treatment Centres.
P. Employment out of School hours.
Q. Unclassified Employment out of School hours.
R. Employment out of School hours. Heights and Weights.
S. Loss of Grant from Infectious Diseases.
T. Notification from Schools of Infectious Diseases.
U. Monthly Notification of Measles from the Schools.
W. Mental Deficiency.
X. Clerical Work.

TABLE A.

Statistics of Attendance, etc.

School.	Accommodation	Average Attendance.	No: on Admission Register at end of year.
St. Aldhelm's			
Boys' department ...	232	240	251
Girls' ,, ...	201	188	199
Infants' ,, ...	218	179	231
St. Peter's			
Boys' department ...	233	114	135
Girls' ,, ...	149	136	153
Infants' ,, ...	140	109	135
Longfleet			
Boys' Department ...	240	198	204
Girls' ,, ...	153	144	149
Infants' ,, ...	170	156	188
Lagland Street Infants ...	249	214	257
National Boys' department	279	229	243
St. James' Girls' ,,	243	202	207
St. James' Infants' ,,	120	99	112
St. Paul's ,, ,,	198	139	195
St. Mary's Roman Catholic	103	89	102
Hamworthy Council			
Mixed department ...	231	138	174
Infants' ,, ...	170	82	84
Branksome Heath			
Boys' department ...	230	211	232
Girls' ,, ...	253	193	221
Infants' ,, ...	190	173	225
Heatherlands Council			
Boys' department ...	312	308	335
Girls' ,, ...	300	286	322
Infants' ,, ...	300	258	351
Oakdale Council			
Mixed department ...	198	190	211
Courthill Council			
Mixed department ...	400	345	405
Infants' ,, ...	250	168	223
South Road Council			
Boys' deparment ...	290	229	250
Girls' ,, ...	290	227	245
Total ...	6,342	5,244	6,039

TABLE B.

Average Heights and Weights.

Boys.

Age.	4—5		5—6		6—7		7—8		10—11		11—12		12—13		13 and over.	
Number examined.	43		135		77		20		—		88		226		53	
	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.
Average Height and Weight of Poole children.	3 3½	36·30	3 6	40·86	3 8¼	44·08	3 10	48·60	—	—	4 7	72·08	4 7¼	71·49	4 9¼	79.15
Average Height and Weight of children in England and Wales.	3 2½	35·77	3 4½	38·68	3 6¾	42·24	3 9	46·4	4 2¾	60·35	4 5	66·41	4 6¾	72·66	4 8	77·40

Girls.

Age.	4—5		5—6		6—7		7—8		10—11		11—12		12—13		13 and over.	
Number examined.	40		105		103		38		23		76		158		39	
	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.
Average Height and Weight of Poole children.	3 3¾	32·93	3 5¾	39·26	3 7½	42·66	3 9¾	45·69	4 3½	58·61	4 7¼	68·61	4 8	76·29	4 10	81.18
Average Height and Weight of children in England and Wales.	3 2¼	39·98	3 4½	37·74	3 6½	41·24	3 8¾	44·93	4 2½	58·69	4 5	65·52	4 7½	73·86	4 8¾	80·37

NOTE.—Total Number of Routine Inspections of Children—1,224.

TABLE C.

Return showing the physical condition of Children Inspected.

CONDITION.		ENTRANTS.				LEAVERS.				TOTAL.			
		Boys	*Girls*	*Total*	*Perctge*	*Boys*	*Girls*	*Total*	*Perctge*	*Boys*	*Girls*	*Total*	*Perctge*
	Total Inspected	**275**	**286**	**561**		**367**	**296**	**663**		**642**	**582**	**1224**	
CLOTHING	Satisfactory	266	279	545	97·15	347	287	634	95·63	613	566	1179	96·32
	Unsatisfactory	9	7	16	2·85	20	9	29	4·37	29	16	45	3·68
FOOTGEAR	Satisfactory	266	279	545	97·15	348	288	636	95·93	614	567	1181	96·49
	Unsatisfactory	9	7	16	2·85	19	8	27	4·07	28	15	43	3·51
NUTRITION	Normal	275	284	559	99·64	361	290	651	98·19	636	574	1210	98·86
	Below Normal	...	1	1	0·18	4	5	9	1·36	4	6	10	0·81
	Bad	...	1	1	0·18	2	1	3	0·45	2	2	4	0·33
CLEANLINESS OF HEAD	Clean (*i.e.* no nits or pediculi)	274	283	557	99·29	362	253	615	92·76	636	536	1172	95·75
	Nits only	1	3	4	0·71	5	42	47	7·09	6	45	51	4·17
	Pediculi	...	...	...	...	...	1	1	0·15	...	1	1	0·08
CLEANLINESS OF BODY	Clean	256	270	526	93·76	339	280	619	93·37	595	550	1145	93·55
	Dirty	19	16	35	6·24	28	16	44	6·63	47	32	79	6·45
	Pediculi	...	...	...	...	...	...	...	...	...	...	...	...
TEETH	Sound	79	68	147	26·20	97	50	147	22·17	176	118	294	24·02
	Less than 4 decayed	112	140	252	44·92	200	194	394	59·43	312	334	646	52·78
	Four or more decayed	84	78	162	28·88	70	52	122	18·40	154	130	284	23·20
NOSE AND THROAT	No defect	233	247	480	85·56	323	249	572	86·27	556	496	1052	85·95
	Tonsils enlarged	32	35	67	11·94	41	42	83	12·52	73	77	150	12·25
	Adenoids	10	4	14	2·50	3	5	8	1·21	13	9	22	1·80
EXTERNAL EYE DISEASE	No disease	273	285	558	99·47	366	293	659	99·40	639	578	1217	99·43
	Blepharitis	...	...	...	...	...	2	2	0·30	...	2	2	0·16
	Conjunctivitis	...	...	...	...	...	...	...	...	...	...	...	...
	Corneal opacities	...	...	...	...	1	...	1	0·15	1	...	1	0·08
	Other disease	2	1	3	0·53	...	1	1	0·15	2	2	4	0·33
VISION	Good	...	...	...	...	307	268	575	...	...	...	...	...
	Defective	...	1	1	...	59	28	87	...	59	29	88	...
	Squint	9	9	18	...	1	...	1	...	10	9	19	...
EAR DISEASE	No disease	269	283	552	98·39	345	272	617	93·06	614	555	1169	95·51
	Obstruction, R	1	...	1	0·18	8	10	18	2·72	9	10	19	1·55
	Obstruction, L	1	...	1	0·18	7	10	17	2·56	8	10	18	1·47
	Otorrhœa, R	2	3	5	0·89	3	3	6	0·91	5	6	11	0·90
	Otorrhœa, L	2	...	2	0·36	4		4	0·60	6	...	6	0·49
	Other disease	...	...	...	...	...	1	1	0·15	...	1	1	0·08
HEARING	Good	269	283	552	98·39	345	272	617	93·06	614	555	1169	95·51
	Defective, R	3	3	6	1·07	11	13	24	3·62	14	16	30	2·45
	Defective, L	3	...	3	0·54	11	11	22	3·32	14	11	25	2·04
SPEECH	Not defective	274	285	559	99·64	366	295	661	99·70	640	580	1220	99·68
	Defective articulation	1	1	2	0·36	...	...	...	...	1	1	2	0·16
	Stammering	...	...	...	...	1	1	2	0·30	1	1	2	0·16
MENTAL CONDITION	Normal	275	286	561	100·00	367	296	663	100·00	642	582	1224	100·00
	Dull or Backward	...	...	...	...	...	...	...	...	...	...	...	...
	Mentally defective (all grades)	...	...	...	...	...	...	...	...	...	...	...	...
HEART & CIRCULATION.	No disease	272	281	553	98·57	363	287	650	98·04	635	568	1203	98·29
	Organic Disease	2	4	6	1·07	4	9	13	1·96	6	13	19	1·55
	Other defect	1	1	2	0·36	...	...	...	...	1	1	2	0·16
LUNGS	No disease	261	277	538	95·90	343	286	629	94·87	604	563	1167	95·35
	Chronic Bronchitis and Bronchial Catarrh	10	4	14	2·50	4	...	4	0·60	14	4	18	1·47
	Tuberculosis	1	3	4	0·71	4	2	6	0·91	5	5	10	0·81
	Tuberculosis suspected	3	2	5	0·89	16	7	23	3·47	19	9	28	2·29
	Other disease	...	...	...	...	...	1	1	0·15	...	1	1	0·08
NERVOUS SYSTEM	No disease	275	286	561	100·00	367	295	662	99·85	642	581	1223	99·92
	Epilepsy (major or minor)	...	...	...	...	...	...	...	...	...	...	...	...
	Chorea	...	...	...	...	...	...	...	...	...	...	...	...
	Other disease	...	...	...	...	...	1	1	0.15	...	1	1	0·08
TUBERCULOSIS, non-pulmonary	No disease	275	285	560	99·82	365	296	661	99·70	640	581	1221	99·76
	Glandular	...	...	...	...	1	...	1	0·15	1	...	1	0·08
	Bones and joints	...	1	1	0·18	1	...	1	0·15	1	1	2	0·16
	Other forms	...	...	...	...	...	...	...	...	...	...	...	...
RICKETS	No disease	272	283	555	98·93	366	296	662	99·85	638	579	1217	99·42
	Slight	3	1	4	0·71	...	...	...	...	3	1	4	0·33
	Marked	...	2	2	0·36	1	...	1	0·15	1	2	3	0·25
DEFORMITIES	No deformity	270	281	551	98·22	357	290	647	97·59	627	571	1198	97·88
	Deformity present	5	5	10	1·78	10	6	16	2·41	15	11	26	2·12
SKIN	No disease	269	282	551	98·22	362	292	654	98·65	631	574	1205	98·45
	Ringworm (body)	...	...	...	...	2	...	2	0·30	2	...	2	0·16
	Ringworm (head)	...	...	...	...	...	...	...	...	...	...	...	...
	Impetigo	5	4	9	1·60	2	1	3	0·45	7	5	12	0·98
	Scabies	...	...	...	...	...	...	...	...	...	...	...	...
	Other disease	1	...	1	0.18	1	3	4	0·60	2	3	5	0·41
OTHER DISEASES	Enlarged Glands	48	35	83	...	14	29	43	...	62	64	126	...
	Hernia	4	...	4	...	1	...	1	...	5	...	5	...
	Phimosis	1	...	1	...	...	...	...	...	1	...	1	...
	Congenital Syphilis	2	1	3	...	2	3	5	...	4	4	8	...
	Cleft Palate	...	3	3	...	...	...	...	...	...	3	3	...

FOLDOUT FOLDOUT

TABLE D.

Defects in respect of which directions were given for treatment.

	Routine Cases	Special Cases.
Number of Children Examined	1224	222
Number recommended for Treatment	553	156
Defects requiring Treatment ;—		
Defective Eyesight ...	82	64
Decayed Teeth ...	284	—
Enlarged Tonsils and Adenoids ...	172	27
Ear Discharges ...	55	20

NOTE : On comparing this Table with Table H it will be seen that directions have not yet been given regarding all the cases of defective eyesight ; and that at the end of 1914, thirty-four cases were still untreated. These cases were under treatment during the first six weeks of the present year. In addition to the above Table notices were sent to the parents of 280 children, aged 6-8 years, offering them treatment by the School Dental Surgeons.

TABLE E.

The "Following up" of Cases.

Conditions.	No. of Visits.	Defect Remedied.	In course of remedy.	Not improved, or child not seen.
Verminous Conditions ...	134	27	56	51
Enlarged Tonsils and Adenoids	49	4	6	39
Consumption	16	—	—	—
Other Conditions ...	204	—	—	—
Total	403	31	62	90

TABLE F.

Average Heights and Weights of Children in the various School Departments—Entrants.

School.		5 to 6 years.			6 to 7 years.			Over 7 years.		
		Height. ft.	ins.	Weight.	Height. ft.	ins.	Weight.	Height. ft.	ins.	Weight.
Infants.										
St. Aldhelm's	B.	3	6	41·50	3	8½	45·30	3	9¾	48·25
	G.	3	5¼	39·00	3	8½	45·13	3	10	47·43
Heatherlands	B.	3	6	40·00	3	7¼	41·86	3	7¼	44·00
	G.	3	4¾	40·00	3	6½	43·29	3	10½	50·20
Branksome Hth.	B.	3	6¾	42·75	—	—	—	—	—	—
	G.	3	5½	39·15	3	10	46·50	—	—	—
Courthill	B.	3	6	41·08	3	8½	44·41	3	8¾	45·00
	G.	3	5¼	42·53	3	8	42·96	3	10	51·13
St. Peter's	B.	3	6	42·00	3	8¾	45·33	3	11¼	48·00
	G.	3	7¾	42·50	—	—	—	3	8¼	49·00
Longfleet	B.	3	6½	41·00	3	9	43·29	4	0½	53·00
	G.	3	5½	38·00	3	8¼	43·08	3	10¼	44·20
Oakdale	B.	3	6½	41·29	3	10¾	47·00	—	—	—
	G.	3	7	40·50	3	7¾	45·00	4	0¾	50·50
St. Paul's	B.	3	3¾	37·38	3	8½	46·33	3	9½	46·67
	G.	3	3¾	35·80	3	7	45·00	3	9½	50·00
St. James'	B.	3	6	44·00	3	6	38·33	—	—	—
	G.	3	1	31·00	3	1¾	30·00	—	—	—
Catholic Mixed	B.	3	5	40·13	3	8¼	45·00	3	11½	49·25
	G.	3	5¾	39·00	3	8¼	43·80	3	7¾	41·00
Hamworthy	B.	3	7½	43·87	3	9	45·67	3	7¼	43·50
	G.	3	6¼	39·54	3	9¼	46·17	3	8½	45·00
Lagland Street	B.	3	4	37·00	3	7½	42·50	3	9½	46·20
	G.	3	4½	37·06	3	6½	39·83	3	8	42·63

TABLE G.

Average Heights and Weights of Children in the various School Departments—Leavers.

School.		11 to 12 years.			12 to 13 years.			Over 13 years.		
		Height. ft.	ins.	Weight.	Height. ft.	ins.	Weight.	Height. ft.	ins.	Weight.
St. Aldhelm's	B.	4	8¼	78·71	4	8	67·39	-	-	—
	G.	4	9	74·30	4	8¼	70·00	5	4	96·00
Heatherlands	B.	4	6½	70·58	4	6½	71·13	4	8½	78·89
	G.	4	5½	65·90	4	6½	70·29	4	9	81·67
Branksome Hth.	B.	4	4½	67·75	4	6¼	71·11	4	6½	71·88
	G.	4	8¼	75·00	4	7½	75·11	4	7¼	77·00
Courthill Mxd.	B.	4	10¾	79·00	4	7	71·57	4	9½	78·00
	G.	4	8¼	72·13	4	8	74·17	4	8¼	66·00
St. Peter's	B.	4	7	68·00	4	7½	70·71	4	11¾	87·33
	G.	4	7¾	70·30	4	7½	68.60	-	-	—
Longfleet	B.	4	10	76·75	4	8½	73·79	4	10½	81·67
	G.	4	11¼	86·00	4	10¾	80·67	4	9¾	75·86
Oakdale Mixed	B.	4	7	67·00	4	6½	73·80	-	-	—
	G.	4	9	76·50	4	9	72·00	-	-	—
South Road	B.	4	6¼	69·97	4	7	72·39	-	-	—
	G.	4	7	64·93	4	7¼	74·75	4	10	79·85
Catholic Mixed	B.	-	-	—	4	6½	68·50	-	-	—
	G.	4	4½	60·50	4	7½	69·44	5	0¼	89·00
Hamworthy Mxd	B.	4	4½	65·25	4	8	74·75	4	9	80·00
	G.	4	7	69·00	4	8	71·14	4	10½	80·00
National	B.	4	7¾	72·62	4	6¾	71·82	4	9¼	80·75
St. James'	G.	4	6¼	65·44	4	8½	75·80	4	11	83·46

TABLE H.

Defects found as the result of Inspections.

	Routine Cases	Percentage	Special Cases	Percentage
Number of children examined.	1224	—	222	—
Number found defective.	699	57·11	193	85·9
Defects requiring treatment.				
Defective Eyesight	88	12·59	54	27·98
Squint	19	2·72	19	9·84
External Eye Diseases	7	1·00	4	2·07
Enlarged Tonsils	150	21·46	10	5·18
Adenoids	22	3·15	17	8·81
Defective teeth (4 and over) ...	284	41·06	—	—
Deafness and Ear discharges ...	55	7·87	20	10·36
Bronchitis	18	2·58	1	0·52
Tuberculosis or Pretubercular conditions	38	5·44	51	26·42
Heart Disease	21	3·00	1	0·52
Nervous Diseases	1	0·14	1	0·52
Skin Diseases	19	2·72	—	—
Other conditions or defects ...	17	2·43	15	7·77

TABLE J.

Cleanliness of Children.

		HEADS.				BODIES.			
	Number Examined.	Clean.		Dirty.		Clean.		Dirty.	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	561	557	99·29	4	0.71	526	93·76	35	6·24
Leavers ...	663	615	92·76	48	7.24	619	93·36	44	6·64

Total number of Entrants and Leavers examined—1224.

TABLE K.

Defective Vision.

Vision	Number of eyes examined
$\frac{6}{6}$ R.	10
L.	9
$\frac{6}{9}$ R.	7
L.	10
$\frac{6}{12}$ R.	28
L.	28
$\frac{6}{18}$ R.	35
L.	25
$\frac{6}{24}$ R.	23
L.	25
$\frac{6}{36}$ R.	13
L.	16
$\frac{6}{60}$ R.	10
L.	9
No Vision R.	22
L.	20

NOTE.—The above Table refers to the examination of 290 eyes (or of 145 children) It should be interpreted as follows:—the right eyes of 10 children could read at 6 metres the type they should be able to read at that distance; or again the right eyes of 28 children could read at 6 metres only the type they should have been able to read at 12 metres; or again 22 children had no vision in their right eyes, *i.e.* they could not read at 6 metres the type they should have been able to read at 60 metres.

TABLE L.

Condition of Teeth.

	Number Examined,	All Good.		Less than 4 Teeth decayed.		4 or more Teeth decayed.	
		Number.	Percentage.	Number.	Percentage.	Number.	Percntage.
Entrants	561	147	26·20	252	44·92	162	28·88
Leavers	663	147	22·17	394	59·43	122	18·40

Total number of Entrants and Leavers examined—1224.

NOTE.—In addition to these figures, 1537 children aged 6—8 were examined by the School Dentists, and 1190 of these were found to have defective teeth.

TABLE M.

Age and Sex distribution of Tuberculosis in School Children.

Age	Tubercular		Pre-Tubercular		Total
	Boys	Girls	Boys	Girls	
under 5	0	0	0	2	2
5—6	1	1	1	0	3
6—7	1	1	1	6	9
7—8	4	1	3	2	10
8—9	5	0	1	3	9
9—10	0	1	2	1	4
10—11	4	1	2	2	9
11—12	5	4	4	3	16
12—13	3	1	10	8	22
13—14	1	2	1	1	5
Total	24	12	25	28	89

TABLE N.

History of Previous Infectious Disease.

	Number of Cases enquired into	Number of cases which have not had an infectious Disease	Previous Illnesses.				
			Measles	Whooping Cough	Chicken-pox	Scarlet Fever	Diphtheria
Entrants	520	104	358	196	162	22	8
Percentage ...	—	20.00	68·85	37·69	31·15	4·23	1·54
Intermediate ...	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—
Leavers ...	497	98	455	262	242	67	17
Percentage ...	—	19·72	91·55	52·77	48·69	15·49	3·42
Included in above figures :—							
Children with enlarged tonsils	—	33	95	52	53	12	2
Percentage ...		16·37	11·69	11·35	13·12	13·48	8·0
Children with Adenoids ...		1	7	6	4	—	1
Percentage ...	—	0·49	0·86	1·31	0·99	—	4·0
Children with enlarged tonsils and adenoids ...		2	11	5	4	—	—
Percentage ...	—	0·99	1·35	1·09	0.99	—	—

TABLE O.

Work done at Treatment Centres.

Condition.	Number of Children.	Number of Visits to Clinic.
Vermin	37	79
Scabies	6	12
Impetigo	620	1,132
Ringworm	92	257
Otorrhœa	17	52
Tuberculosis	89	152
External Eye Disease ...	36	87
Minor Injuries... ...	67	72
Toothache	81	—
Other Conditions ...	829	1,534
For Advice	67	—
Total	1,941	3,377

NOTE.—In addition to the above work done at the Minor Ailment Treatment Centres, the School Oculist has given Treatment to 123 children, and the School Dental Surgeons have treated 150 children.

TABLE P.

Particulars of Employments out of School Hours.

ERRAND BOYS.

Wages	Under 20 hours	20/30 hours	30/40 hours
Under 2/-	13	1	1
2/- to 5/-	1	9	6
5/- and over	—	—	—

LATHER BOYS.

Wages	Under 20 hours	20/30 hours	30/40 hours
Under 2/-	—	—	1
2/- to 5/-	1	2	—
5/- and over	—	—	—

HOUSEWORK.

Wages	Under 20 hours	20/30 hours	30/40 hours
Under 2/-	1	—	—
2/- to 5/-	3	1	—
5/- and over	—	—	—

VARIOUS.

Wages	Under 20 hours	20/30 hours	30/40 hours
Under 2/-	10	—	—
2/- to 5/-	1	4	3
5/- and over	—	—	1

TOTALS.

Wages	Under 20 hours	20/30 hours	30/40 hours	Totals
Under 2/-	24	1	2	27
2/- to 5/-	6	16	9	31
5/ and over	—	—	1	1
Total	30	17	12	59

TABLE Q.

Employments not Classified.

Holiday Work.

1. At Grocers, 42 hours, 2/- week.
2. Chocolate boy on Pleasure Steamers, 5/- week.
3. "Nickey" making, *i.e.* bundling firewood, no regular wages.
4. Getting Shingle at Old Harry Rocks, 2/6 per day.

Paper Boys.

1. 7.30—9 p.m. nightly, 1½d. for every dozen sold.
2. 4.30—8.30 p.m. „ „ „ „
3. 1 hour nightly „ „ „

Various.

1. Helping father, fish hawker, 4½ hours week, no pay.
2. Helping father, baker's delivery, 21 hours week, no pay.
3. Helping father, bootmaker, 13 hours week, no pay.
4. Operating machine at Electric Theatre, 53½ hours, (holidays only).
5. On Golf Links, Saturdays, 8d. per round.

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TABLE R.

Comparative Heights and Weights of Children employed between School Hours.

Age.	11—12		12—13		13 and over.	
	Ht.	Wt.	Ht.	Wt.	Ht.	Wt.
	ft. ins.	lbs.	ft. ins.	lbs.	ft. ins.	lbs.
Average Heights and Weights of Children employed between School hours	4 8¼	72·0	4 7¼	74·2	4 9¼	82·1
Average Heights and Weights of Children in the Borough ...	4 7	72·08	4 7¼	71·5	4 8	77·4

TABLE S.

ELEMENTARY SCHOOLS.

Return of Absences (in Days) and Loss of Grant due to Infectious Diseases, 1914.

SCHOOL.	Measles	Scarlet Fever	Diphtheria	Chicken Pox	Mumps	Impetigo	Ringworm	Various	Total	£ Loss of Grant
St. Aldhelm's—Boys	...	85	...	...	...	...	125	...	210	2
Girls	161	23·5	58	...	35·5	...	...	...	278	2
Infants	1212	98	223	37	270	44	...	...	1884	17
Branksome H—Boys	322·5	58	59	...	10	70·5	636	...	1156	11
Girls	495	65	29	...	...	45	...	...	634	6
Infants	1476	161	77	18	15	76	...	...	1823	17
Catholic— Mixed	700	...	...	...	...	80	...	...	780	7
Courthill— Mixed	407	109	...	45	98	...	...	...	659	6
Infants	1986	93·5	329	103·5	30	94	...	...	2636	24
Hamworthy— Mixed	...	...	...	...	...	20	34	...	54	1
Infants	24·5	25	...	98	...	283·5	...	...	431	4
Heatherlands—Boys	6	30	...	...	6	222	9	...	273	2
Girls	52·5	...	30	15	2892	501·5	...	...	3491	32
Infants	...	...	...	...	...	...	...	643	643	6
St. James's— Girls	55	45	161	79	37	304	...	385	1066	10
Infants	95·5	...	58	79·5	80·5	523	...	12	848	8
Lagland St.— Infants	1460	...	650	...	...	...	...	...	2110	19
Longfleet— Boys	30	...	62	27	20	270	...	...	409	4
Girls	216·5	...	17	30	...	82	...	...	345·5	3
Infants	1600	100	500	600	...	90	...	...	2890	26
National— Boys	20	...	97	59	...	519	...	...	695	6
Oakdale— Mixed	84	...	66	628	...	100	...	...	878	8
St. Paul's— Infants	597	...	104	255	206	1795	...	...	2957	27
St. Peter's— Boys	...	...	146	...	...	...	...	293	439	4
Girls	222	17	79	...	...	...	...	...	318	3
Infants	1511	109	827·5	31	...	14·5	487·5	...	2980·5	27
South Road — Boys	153	15	306	...	55	669	...	...	1198	11
Girls	44	...	353	39·5	23	421	53	38·5	972	9
Total absence (in Days)	12930·5	1034	4231·5	2144·5	3778	6224	1344·5	1371·5	33058·5	—
Loss of Grant £	118	10	39	20	34	57	12	12	—	£302

TABLE T.

Notification from Schools of Infectious Diseases. 1914.

SCHOOL.		Measles	Diphtheria	Scarlet Fever	Mumps	Chicken Pox	Whooping Cough	Impetigo	Scabies	Ringworm	Vermin	Tuberculosis	Contact with Infectious Diseases	Other Causes
St. Aldhelm's—	Boys	4	...	...	...	...	...	...	...	2	...	...	...	1
	Girls	2	...	...	1	...	...	1	...	1	...	...	...	6
	Infants	78	1	...	29	1	...	...	...	3	...	...	13	6
Branksome H—	Boys	2	...	...	...	...	...	...	...	...	...	...	...	...
	Girls	19	...	...	...	...	...	...	...	...	...	...	...	...
	Infants	107	...	...	1	4	2	1	1	3	...	...	17	7
Catholic—	Mixed	...	...	...	...	...	...	...	...	...	...	...	..	...
Courthill—	Mixed	1	...	...	...	...	...	...	...	...	...	...	...	...
	Infants	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamworthy—	Mixed	...	...	...	...	...	...	...	...	...	...	...	...	...
	Infants	...	...	...	...	2	...	2	...	4	...	...	...	...
Heatherlands—	Boys	...	...	...	...	...	...	...	...	...	...	...	...	...
	Girls	...	...	...	...	...	...	...	...	...	...	...	...	...
	Infants	93	...	...	...	...	...	...	...	...	...	...	...	...
St. James's—	Girls	...	...	...	...	...	...	...	...	...	...	...	...	...
	Infants	...	...	...	...	...	...	...	...	...	...	...	...	...
Lagland St.—	Infants	38	...	...	...	...	...	...	...	...	...	...	...	...
Longfleet—	Boys	...	...	...	...	...	...	...	...	...	...	...	...	...
	Girls	...	...	...	...	...	...	...	...	...	...	...	...	...
	Infants	1	...	...	...	19	...	...	...	...	...	...	2	2
National—	Boys	...	...	...	...	...	...	...	...	...	...	...	...	...
Oakdale—	Mixed	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Paul's—	Infants	24	...	1	...	6	...	6	...	2	...	...	7	8
St. Peter's—	Boys	...	...	...	...	...	...	...	...	...	...	...	...	...
	Girls	...	...	...	...	...	...	...	...	...	...	...	...	...
	Infants	58	8	1	...	...	...	...	...	2	...	...	3	16
South Road—	Boys	...	...	...	...	...	...	...	...	...	...	...	...	...
	Girls	...	...	...	...	...	...	...	...	...	...	...	...	...
		427	9	2	31	32	2	10	1	17	—	—	42	46

TABLE U.

MEASLES.

Monthly Return of Cases from Schools.

SCHOOL.		Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total.
Branksome Heath,	Boys			1	1									12
,,	Girls				19									19
,,	Infants			88	5	1		8	5					107
St. Aldhelm's	Boys		4											4
,,	Girls					2								2
,,	Infants			59	19									78
Heatherlands	Boys													
,,	Girls													
,,	Infants			93										93
St. Peter's	Boys													
,,	Girls													
,,	Infants			58										58
Courthill	Mixed			1										1
,,	Infants													
Longfleet	Boys													
,,	Girls													
,,	Infants				1									
Oakdale	Mixed													
Hamworthy	Mixed													
,,	Infants													
South Road	Boys													
,,	Girls													
St. James's	Girls													
,,	Infants													
Catholic	Mixed													
St. Paul's	Infants			18	6									
Lagland Street	Infants				38									38
National	Boys													
		0	4	322	89	3	0	8	5	0	0	0	0	427

TABLE W.

Mental Deficiency.

Age	5—6		6—7		7—8		8—9		9—10		10—11		11—12		12—13		13 & over		Total	
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number examined	1	—	—	1	3	2	2	7	5	4	4	3	3	3	—	3	1	—	19	23
Slightly deficient	1	—	—	1	2	2	1	6	3	2	3	3	2	1	—	3	—	—	12	18
Seriously deficient	—	—	—	—	1	—	1	1	2	2	1	—	1	2	—	—	1	—	7	5

In addition to the above, 9 children were sent up for examination and were found to be normal in intelligence.

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TABLE X.

Clerical work of the School Medical Officer's Department.

Notices and letters *re* Medical Inspection - -	1,764
,, ,, ,, Defective Vision - -	292
,, ,, ,, Dental Defects - -	844
Other letters and notices - - - - -	581
Inspection cards filled in and entered in Ledger	1,224
Defect Cards prepared - - - - - -	709

NOTE.—In addition to the above classified work, the following has also been performed:—The arranging, indexing, and annotation of cards; the keeping of accounts, the preparation of certain Tables for this Report, and other matters.

Appendix to Reports of Medical Officer of Health and School Medical Officer.

1. Report by Alderman J. C. Julyan on the Royal Sanitary Institute Congress, 1914.
2. Circular regarding the duties of School Caretakers.
3. Instructions for the cleansing of Children.
4. Exclusion Card.
5. Report on the need for a Cottage Home for Tuberculous Children.
6. Summer Diarrhœa.
7. Transferable Deaths and Erratum.

APPENDIX I.

Report by Alderman J. C. Julyan, on Royal Sanitary Institute Congress, 1914.

With the Medical Officer of Health, I attended the meetings of the above Congress, at which about 1,400 members, delegates, etc., were present, drawn from all parts of the world.

At the invitation of the Mayor, most of the delegates, together with the various bodies connected with Public Health work, attended the Parish Church, where an eloquent sermon was delivered; many of those present felt that it would strengthen the efforts of sanitarians, if from the pulpit the maxim that, "Cleanliness is next to Godliness," were more expounded.

Lord Derby's Presidential address dealt with the question of the Health of the Army, and the great benefits that had been gained through the application of modern methods of dealing with the prevention of disease, and quoted figures which proved conclusively that the present methods of Inoculation as a preventative of Enteric had saved numbers of lives. As events have since turned out, his address was singularly appropriate, and it behoves every one to urge those in both services to benefit by inoculation.

Of the large number of subjects discussed, some claimed a much larger share of attention than others. In the section "Sanitary Science and Preventative Medicine," the President appealed for a larger measure of support for research work, and claimed that it is in the best interest of the community that more attention should be paid to Bacteriology.

The question of the Insurance Act and its relation to Public Health Administration and the "After Care of the Consumptive," brought out the fact that the Housing Question is one that will have to be dealt with if the benefits of Sanatorium treatment are to be made effective, it being urged that what is happening, is that the patient returns to the same conditions and surroundings that were the probable cause of the disease being contracted.

In discussing this question, I pointed out that more attention and money should be given to co-ordinating efforts to deal with children, who, as the result of inspection, were found to be suffering from Tuberculosis, and urged that the Government should be asked to make larger provision in this direction.

It is impossible in a short report of this nature to mention a tithe of the subjects discussed, but I venture to say that no section was more largely attended than that dealing with the questions of "Hygiene of Infancy and Childhood." I most cordially agree with the opinion expressed by Professor Kenwood, that the time has arrived when more time and attention will have to be devoted to all matters affecting the child life of the nation. Any one who was present cannot but have received much useful information on the various questions discussed.

It is a pleasure to me to state that our own Medical Officer of Health submitted a paper in this section, dealing with the Care of Children under School Age, which was favourably received, and I consider it a compliment to the Borough of Poole that their Medical Officer of Health was selected to deal with such a subject.

A Conference of those interested in the promotion of the National Health Week was held, and much useful knowledge gained therefrom, and I can only regret as a member of the General Committee that, owing to the War, it was felt best to postpone the programmes that had been decided on.

To sum up, the three most prominent matters demanding the serious attention of Public Health Authorities at the present time are those affecting (1) the cure and after care of those suffering from Tuberculosis, (2) Housing, and (3) questions dealing with the child life of the nation; the latter will demand more and more attention in conjunction with Education Committees.

In conclusion, I may mention that visits were paid to various places and Institutions, where much was seen helpful to those interested in sanitary matters, and I feel that there can be no question that those Authorities, who are represented at such a Congress as this, derive much indirect benefit from the knowledge gained; and on behalf of Dr. Nankivell and myself, I thank the Sanitary Committee and Council for their confidence in giving us the privilege to attend on their behalf.

JOSEPH C. JULYAN,

October, 1914. Chairman of Sanitary Committee.

APPENDIX 2.

Circular regarding their Duties, sent to the School Caretakers.

DAILY DUTIES.

1.—Not later than 7 o'clock a.m., to light all fires, and to place in the rooms a supply of fuel ready for use as directed by the Head Teacher.

2.—Not later than eight o'clock a.m. to complete the dusting of all forms, desks, window sills, school urniture, and projections, and to see that all furniture is placed in position ready for morning school.

3.—To open the windows after school, and to see that window blinds are in working order.

4.—After the close of afternoon school, or after evening meeting, to sweep the floors of all rooms (including cloak rooms), galleries, lavatories, and entrances; wash the conveniences, and flush the urinals. (Damp sawdust must be used in sweeping).

5.—If necessary, to scrub seats of boys', Girls', and infants' offices.

6.—To clear yards and playgrounds of dirt, paper, and rubbish, and to clean out the gullies in the playgrounds.

7.—To turn off the gas and water at the meters at night for the purpose of preventing waste. To turn on gas and water in the morning.

8.—To wash out the lavatory basins, and to put up clean towels when necessary.

9.—To secure and lock all outside windows, doors, and gates.

WEEKLY DUTIES.

1.—To wash cloak rooms, lavatories, entrances, fireplaces, conveniences, flags, and offices.

2.—To wash the towels and dusters used in schools.

3.—To clear stoves, baskets, etc., of waste paper.

MONTHLY DUTIES.

1.—To wash inkwells and blackboards; to clean glass in class-room doors and partitions; and to dust maps, diagrams, and pictures. (Inkwells must be washed in buckets and not in lavatory basins).

2.—To scrub the floors of all rooms, galleries, lavatories, and entrances, This work may be so arrangd that the floors are scrubbed in regular order weekly, provided that all the floors are scrubbed at least once each month.

3.—To wash slate partitions and swill down walls of urinals.

4. To wash dados and brush down wood or other partitions in boys', girls', and infants' offices.

QUARTERLY DUTIES.

1.—To wash all desks, forms, doors, and partitions.

2.—During the last week of Easter, Whitsuntide, Summer, and Winter holidays to wash all windows inside and out.

3.—To sweep all ceilings, roofs, and walls, etc.

MISCELLANEOUS.

1.—Any room required for evening schools to be prepared and arranged.

2.—To use as little gas as possible during the sweeping of the school, and to turn off gas at meters when it is not required.

3.—Periodically to examine the gas pendants to see if they are securely fastened.

4.—To see that there is no waste of fuel, gas, or water in any part of the premises.

5.—The time for commencing duties after afternoon school, will, as a rule, be 5 o'clock. Should the Head Teacher desire it, this time must be at such later hour as he or she may fix for any particular date or dates.

6.—To see that no placards or notice boards are affixed to the premises, unless sanctioned by the Managers or the Education Committee.

7.—To clean out eave-guttering and fall pipe heads when necessary.

8.—During frosty weather to empty all cisterns, water pipes, etc., each evening and turn off the water at the main stop tap to prevent damage to the pipes by frost.

9.—Immediately to give notice in writing to the Education Secretary of any repairs required to the buildings, ladders, etc., whether the damage is caused by storm or general decay.

10.—To see that no portion of the premises is used for any meetings except such as are authorised by the Managers or Education Committee.

11.—To prevent, as far as possible, any standing on seats, furniture, window sills, etc., when the rooms are used for meetings. To report to the Education Committee each time the School is used for a meeting other than school purposes or meetings of Managers.

12.—Caretakers shall report to the Secretary their private addresses and any change of residence.

CHARLES LISBY,
Secretary.

Municipal Offices, Poole.
June, 1914.

APPENDIX 3.

Copy of instructions sent to Parents concerning the Cleansing of their Children.

Instructions for Cleansing Heads.

Carry out the following treatment daily for a week—

(1) Soak the hair in a mixture of equal parts of paraffin oil and olive oil and tie up the hair in a handkerchief for about twelve hours.

(2) Wash the head with warm water and soap, comb while wet with a fine toothed comb, and brush the hair with a stiff nail brush.

(3) If the nits cannot be removed by the above process, the hair must be cut short

After the head has been rendered clean, constant care must be taken to prevent a recurrence of the trouble, therefore—

(1) Comb the hair carefully every day with a fine toothed comb.

(2) Soak the hair in oil as directed once a week.

(3) See that the child's hat or cap and the collar of the frock or coat are kept clean.

(4) Wash the brush and comb thoroughly every week.

Instructions for cleansing Bodies and Clothing.

The child must be stripped, put in a bath, and thoroughly washed *all over* with soap and warm water. The child must then be dressed in clean clothing. Every child should have such a bath once a week.

All underclothing and washable articles of dress must be washed and boiled for at least half-an-hour. All other garments must be well washed and exposed to the open air and sunlight for several hours.

Vermin of the body lay their "eggs" in clothing. It is necessary, therefore, thoroughly to cleanse the clothing as well as the body of the child. Clothing may be freed from vermin and their eggs by disinfection. Disinfection will be done free of charge on application to the Medical Officer's Department, Municipal Buildings, Poole.

APPENDIX 4.

Copy of Card given to Children excluding them from School.

EXCLUSION FROM SCHOOL.

Your child is **excluded from School** until further notice from me in writing.

Medical Treatment for your child must be obtained at once—either from your own Doctor; or (free of cost) at the Municipal Buildings, Market Street, Poole, at 10 a.m. every morning; or (free of cost) at the Branksome Council Offices, at 2.30 p.m. every Tuesday.

Before your child may return to School a Certificate (which will be granted free) must be obtained from me either at the Municipal Buildings or at Branksome Council Offices.

A. T. NANKIVELL, M.D., Etc.,
School Medical Officer.

NOTE.—It is an *offence* against Section 12 of the Children Act, 1908, for a parent or guardian to fail to obtain medical aid for a child.

Parents offending against this Section are liable to a heavy penalty or imprisonment.

APPENDIX 6.

BOROUGH OF POOLE.

Summer Diarrhœa.

This is the most fatal disease of infants. Thousands of babies die during August every year in England.

Breast-fed babies are not so likely to suffer from diarrhœa as hand-fed babies.

Summer Diarrhœa is caused by eating dirty food or drinking dirty or fly contaminated milk.

No food should be eaten except what is perfectly fresh.

Milk should not be kept in the house more than 12 hours.

Milk should be kept in a cool place, and should be covered, so that flies cannot get to it.

If the baby is bottle-fed be very careful to boil the milk shortly before giving it to the child. The feeding bottle should be **without a tube,** and ought to be cleaned and scalded each time it is used.

All houses should be kept clean and well ventilated. Back yards should be kept well washed. Closets and passages should be limewashed.

Animal and Vegetable refuse should be burned in the kitchen grate instead of being put into the dustbin.

Don't forget that flies and diarrhœa do not come to a clean house.

In all cases of **Summer Diarrhœa** your doctor should be consulted without delay.

Mothers who are in need of advice about their babies are asked to come to the following :—

1. The Poole Mothers Association, New Street, Poole,
any morning at 10 o'clock.
2. Mrs. Foote, Hill Crest, Constitution Hill,
any morning at 10 o'clock.
3. Miss Thompson, Holmwood, Castle Hill,
any afternoon at 2 o'clock.

Remember that dirt and filth outside your house and in your house, mean that your children run the risk of catching summer diarrhœa.

A. T. NANKIVELL, M.D., D.P.H.,
Medical Officer of Health, Poole.

APPENDIX 5.

Report by the School Medical Officer for Poole on the Need for a Cottage Home for the Treatment and Prevention of Consumption in School Children.

After considering the incidence of Tuberculosis and Pretuberculous Conditions among School Children in the Borough, the Report was as follows :—

Present provision for dealing with cases of Tuberculosis.

No organisation exists in Poole to undertake the treatment of tubercular children. The Dorset County Council have at their disposal six beds in Sanatoria to which non-insured persons can be sent. These six beds are for the use of the whole County of Dorset, and not exclusively for Poole. The parents of children will not readily send their children to Sanatoria which are situated at some distance from home, *e.g.*, at Ventnor, and admission to these six beds is rendered more difficult by the Regulations and routine with which it is necessary to comply before the tubercular child can be sent to one of these beds.

The Poole Guild of Help have, for the past year, been paying for children to be sent either to Broadstone or to a cottage at Higher Lytchett. All the children, who have been sent by the Poole Guild of Help to one of these cottages, have benefited considerably by these holidays.

The disadvantages of the existing system are that (1) the cottages are not under the control of the Guild of Help, (2) that no open air treatment is provided and (3) that each child remains only for one month. Parents make no objection to allowing their children to stay at these cottages, and in almost every instance they have seemed profoundly grateful for the benefits the children have received.

The practicability of another scheme is not at present considered, namely, the placing of shelters in the ground of Alderney Isolation Hospital. The Hospital will shortly undergo enlargement, and any consideration of this nature can be debated later if necessary.

Suggestions for the Future.

It is suggested that the Poole Guild of Help should lease for three years a cottage in the country within reasonable distance of Poole. Such cottage should have at least one acre of ground, and it should be standing on high land and on dry soil, and should not be too close to any other houses. The cottage should be at least of five rooms—three bedrooms. one sitting room and one kitchen being the minimum requirements. The house should be suitably furnished, and two open air shelters be provided, each one to contain two beds ; this number of shelters could readily be extended later.

It is very important that a good caretaker or matron for this cottage should be selected, and someone ought to be chosen who has had experience in the care of children, in sick nursing and in the taking of temperatures.

Besides the matron, some daily help would be needed to assist with cooking and cleaning.

A small cottage home of this nature would be sufficient for the treatment of six children, four sleeping in the shelters, and two sleeping indoors, and in times of heavy weather it would be quite possible with the extra bedroom accommodation to house all six children indoors.

There would be no objection to receiving Pre-tubercular children into a home of this nature, provided that disinfection took place before the Pre-tubercular children went to reside there.

It seems unlikely that either the Dorset County Council or the Poole Education Authority would feel inclined to undertake the organisation of any scheme for the treatment of tubercular and pre-tubercular children. Possibly if any cottage home were provided, the Poole Education Authority might later give a small grant, and no doubt they would allow the School Medical Officer to act (if necessary) as honorary medical attendant at such a cottage home. If education were provided at the cottage home the Board of Education might possibly give a Grant,

In the original Report there followed here an estimation of the establishment and upkeep charges of this Cottage Home.

Conclusions.

1. There are several cases of Tuberculosis among school children in the Borough of Poole.

2. At the present time these cases are not being sufficiently treated.

3. Provision can best be made for these children in a cottage home near Poole, under the control of some responsible person or persons.

4. Such a cottage home can be run cheaply, and does not seem financially unattainable.

A. T. NANKIVELL.

July, 1914.

APPENDIX 7.

TRANSFERABLE DEATHS.

As this Report was issuing from the press, the transferable deaths for the year were received. They include 4 deaths from Tuberculosis, 2 from Pneumonia, 1 from General Paralysis, 1 from Typhoid, 1 from Cancer, and 2 deaths from Violence. By their inclusion in the figures given in Tables 16 and 17, the Death Rate of the Borough is altered to 11·6 per 1,000 persons living.

ERRATUM.

The cost of emptying Cesspools during the year is stated on page 14 to be £349. This figure should be £432.

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